

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. III.
VOL. VIII.

NEW SERIES. NEW YORK: SATURDAY, JANUARY 16, 1864.

{ Mail Subscribers, \$3 per Ann.
City and Canadian, 3 50 "
Single Numbers, 10 cents

Page	Page	Page	Page
ORIGINAL LECTURE.	REPORTS OF SOCIETIES.	CLINIC. Reported by J. H. Thompson, M.D.	REVIEWS.
Clinical Lectures delivered at the Bellevue Hospital. By Stephen Smith, M.D. 25	N. Y. PATHOLOGICAL SOCIETY: Stated Meeting, Sept. 23, 1863. Dr. D. S. Conant, President, in the Chair. Removal of an Inch and a half of Common Carotid Artery from the substance of a Cancerous Tumor—Ligation of Jugular Vein—Recovery of the Patient. . . 28	Prepared by E. H. Jones, M.D.—Glycerine in the Treatment of Diseases of the Eye. . . . 81	Outlines of the Chief Camp Diseases of the U. S. Armies, as observed during the War. By Jos. Janvier Woodward, M.D. 33
ORIGINAL COMMUNICATIONS.	REPORTS OF CLINICS.	EDITORIAL ARTICLES.	ARMY MEDICAL INTELLIGENCE.
Gunshot Wound of Hand, resulting in Aphonia. By Geo. J. Rice, M.D. 26	Professor Raphael's Surgical	Fever in Hospitals. . . . 81	Orders, Changes, etc. . . . 85
Case of Sub-Acute Traumatic Tetanus. By John Dwyer, M.D. 27		The Woman's Hospital. . . 82	MEDICAL NEWS.
Paracentesis Thoracis in Empyema. By E. P. Bennet, M.D. 28		A new Hospital in New York. 83	METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.
		A Court-Martial for the Surgeon-General. 83	SPECIAL NOTICES.

THE CRIMEAN WAR.

THE BRITISH ARMY AND MISS NIGHTINGALE.

By CHARLES SHRIMPTON, M.D.,

Late Surgeon Major (French Army); late Surgeon-in-Chief of Field Hospitals, and of the Military Hospital, Setif, Algeria.

8vo. London, 1864.

Price 85 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Greenhow on Diphtheria.

The edition of this work being almost exhausted, the price has been raised from this date to \$1.75.
January 4, 1864.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

A LIST OF

THE NEW ENGLISH, FRENCH, AND AMERICAN WORKS, ON MEDICINE AND ALLIED SCIENCES.

The prices are given in *sterling* and *francs*, and the rates at which the books can be supplied or imported, if not in stock, will be given on application.

ANDERSON.—A Practical Treatise upon Eczema, including its Lichenous, Impetiginous, and Pruriginous Varieties. 8vo., London, 5s.
BEALE.—Urine, Urinary Deposits and Calculi, and on the Treatment of Urinary Diseases. 2d edit., post 8vo. London, 8s. 6d.
BRYANT.—The Surgical Diseases of Children. Post 8vo. London, 5s.
CANTON.—On the Arcus Senilis, or Fatty Degeneration of the Cornea. 8vo., illustrated. London, 10s. 6d.
DANCEL.—Traite Theorique et Pratique de l'Obesite. 8vo. Paris, fr. 6.
EDWARDS.—A Manual of Zoology. By E. Knox. 2d edit., 12mo., illustrated. London, 8s. 6d.
EDWARDS.—Lecons sur la Physiologie et l'Anatomie comparee de l'Homme et des Animaux. Vol. 8, part 1. 8vo. Paris, fr. 5.
ELLIS.—The Medical Formulary enlarged and revised to 1864. By Dr. R. P. Thomas. 8vo. Phila., \$2.25.
FABRE.—Des Maladies Mentales et des Asiles d'Alienes, Lecons Cliniques et Considerations Generales. 8vo. Paris, fr. 11.
FOX.—Skin Diseases of Parasitic Origin, their Nature and Treatment, including the Description and Relations of the Fungi found in Man. 8vo., illustrated, 7s. 6d.
GUERIN.—Maladies des Organes Genitaux Externes de la Femme, Lecons Professees a l'Hopital de Louvain. 8vo. Paris, fr. 7.
HEWITT—GRAILLY. The Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. 8vo. London, 16s.
HILTON.—On the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases. 8vo. London, 16s.
HOGG.—A Manual of Ophthalmoscopic Surgery, being a Practical Treatise on the Use of the Ophthalmoscope. 8vo., illustrated. London.
LANDRAU.—Histoire Naturelle de la Syphilis, par Dr. Diday. 2e Lettre sur le Syphilis. 8vo. Strasbourg.
LAURE.—Histoire Medicale de la Marine Francaise, pendant les Expeditons de Chine et de Cochin Chine, de 1859-1860. 8vo. Paris, fr. 8.

LAUTH.—De l'Embryothlasie et en Particulier de la Cephalotripsie. 4to., illustrated. Paris, fr. 6.
LAYCOCK, T.—The Principles and Methods of Medical Observation and Research. Post 8vo. Edinburgh, 8s. 6d.
LYELL.—L'Anciennotte de l'Homme Prouvee par la Geologie. 8vo. Paris.
MAREY.—Physiologie Medicale de la Circulation du Sang basee sur l'etude graphique des Mouvements du Cœur et de Pouls Arteriels. 8vo. Paris, fr. 10.
MELIER.—Relation de la Fievre Jaune survenue a Saint Nazaire en 1861. 4to., illustrated. Paris, fr. 10.
PAGET.—Lectures on Surgical Pathology. Edited by W. Turner. 8vo. London, 21s.
POUCHET G.—Precis d'Histoire Humaine d'apres les Travaux de l'Ecole Francaise. 8vo., illustrated. Paris, fr. 6.
POUCHET, M. F. A.—Nouvelles Experiences sur la Generation Spontanee et la Resistance Vitale. 8vo., illustrated. Paris, fr. 1.50.
RICHARDSON & WATTS.—Chemical Technology; or, Chemistry in its Application to the Arts and Manufactures—forming Vol. 1, part 8 of Knapp's Chemical Technology. This volume treats on Acids, Alkalies, and Salts, their Manufacture and Applications, and is illustrated by engravings. 8vo. London, 1863, 83s.
RAELE.—Traite de Diagnostic Medical ou Guide Clinique des Maladies. 3d edit., 18mo., illustrated. Paris, fr. 6.
RAMBAUD ET RENAULT.—Origine et Devel. et Atlas of 25 plates. 4to. Paris, fr. 20.
TARDIEU, A.—Etude Medico-Legale sur l'fr. 3.50.
WINSLOW, FORBES.—Obscure Diseases. 8vo. London, 10s. 6d.
WOODWARD, J. J.—Outlines of the Army, as observed during the Present.

BAILLIERE BROTHERS
IMPORTERS AND PUBLISHERS OF SCIENTIFIC BOOKS, &c

PHARMACEUTIC GRANULES AND DRAGEES

(Sugar Coated Pills)

of

GARNIER, LAMOUREUX & Co.

Members of the College of Pharmacy, of Paris.

These Granules and Dragees are recognised, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the druggists are made by Messrs. Garnier Lamooureux & Co., members of the College of Pharmacy of Paris. The following are some of the principal preparations:

DRAGEES

U. S. P.	U. S. P.	U. S. P.	U. S. P.
Aloes and Myrrh.....4 grs.	Compound Squills.....4 grs.	Valerianate of Iron.....1 grs.	
Compound Cathartic.....3 "	Dover's Powders.....3 "	Citrate of Iron and Quinine.....2 "	
" ".....1 1/2 "	Carbonate Iron, Vallet's formula.....2 "	" " Iron.....2 "	
Aloetic.....4 "	Carbonate of Manganese and Iron.....1-5 "	Willow Charcoal.....2 "	
Assafetida.....4 "	Kermes.....1-5 "	Dioscorium.....2 "	
Aloes and Assafetida.....4 "	Santonine.....1/2 "	Anderson's Antibilious and Purgative.....2 "	
Dinner, Lady Webster's.....8 "	Bi-Carbonate of Soda.....4 "	Extract of Gentian.....3 "	
Compound Calomel, Plummer's.....3 "	Magnesia and Rhubarb.....1 "	Iodide of Potassium.....2 "	
" ".....1 1/2 "	Quevenne's Iron Reduced by Hydrogen.....1 "	Calcined Magnesia.....2 "	
Blue Pills.....3 "	Meglin.....1 "	Rhubarb.....2 "	
Opium Pills.....1 "	Cynoglossa.....1 "	Ergot Powder, covered with Sugar as soon as possible.....2 "	
Calomel Pills.....2 "	Proto-Iodide of Iron.....1 "	Phyllandria Seed.....2 "	
Opium et Acet. Plumb. each.....1 "	Lactate of Iron.....1 "	Washed Sulphur.....2 "	
Extract of Rhubarb.....2 "	Sulphate of Quinine.....1 & 2 "	S. N. Bismuth.....2 "	
Compound Rhubarb.....3 "	Valerianate of Quinine.....1 "	Tartrate Potassa and Iron.....2 "	
Compound Colocynth.....3 "	" " Zinc.....1 "		

GRANULES

Of 1-50 of a grain each.

Aconitine.	Morphine.	Valerianate of Atropine.
Atropine.	Strychnine.	Veratrine.
Digitalina.		
	Of 1-5 of a grain each.	
Tartar Emetic.	Extract of Belladonna.	Extract of Opium.
Codeine.	" " Hyosclamus.	Proto-Iodide of Mercury.
Coniine.	" " Ipecac.	
Lupuline.....1/2 grn.	Nitrate of Silver.....1/2 grn.	Acetate Morphine.....1/2 grn
Extract Nux Vomica.....1/2 "	Extract of Hyosclamus.....1/2 "	Digitaline.....1-24 "
Veratrine.....1-24 "	Extract Rad. Aconite.....1/2 "	Strychnine.....1-12 "
Arsenious Acid.....1-24 "	Emetine.....1/2 "	Colchicum (each granule equal to two drops of tincture).
Sulphate of Morphine.....1/2 "	Iodide of Mercury.....1/2 "	
Corrosive Sublimate.....1-12 "	Valerianate Morphine.....1/2 "	

DRAGEES

Copaiba, pure solidified.	Copaiba, Cubebs and Citrate Iron.	Cubebs and Alum.
Copaiba and Cubebs.	Cubebs, pure.	Cubebs, Rhatany, and Iron.

To be had at the principal Druggists.

Sole wholesale agent,

F. A. REICHARD,
60 John Street.

LONG ISLAND COLLEGE HOSPITAL, Brooklyn, N.Y.

The Session of 1864 will begin on Tuesday, March 9th, and continue sixteen weeks.

COUNCIL.

T. L. MASON, M.D., President. C. L. MITCHELL, M.D., Sec.
W. H. DUDLEY, M.D., Registrar. J. H. HENRY, M.D.

FACULTY.

ALFRED FLINT, M.D., Prof. of Practical Medicine and Pathology.
FRANK H. HAMILTON, M.D., Prof. of Military Surg. and Hygiene, and Fractures and Dislocations.
JOSEPH C. HUTCHISON, M.D., Prof. of Surgery and Surgical Anat.
DE WITT C. ENOS, M.D., Prof. of General and Descriptive Anat.
EDWIN M. CHAPMAN, M.D., Prof. of Obstet. and Diseases of Women and Children, and Clinical Midwifery.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Microscope Anat.
DARWIN G. EATON, M.D., Prof. of Chemistry and Toxicology.
WILLIAM GILFILLAN, M.D., Prof. of Materia Medica and Therapeutics.
S. FLEET SPÉIR, M.D., Demonstrator of Anatomy.
ROBERT NEWMAN, M.D., Professor to the Prof. of Surg.

FEES.

FULL COURSE.....	\$100 00
PER.....	5 00
".....	5 00
".....	25 00

TWO.

the vicinity of the College, may be

the Council will receive attention.

THE HIGH MEDICINAL CHARACTER WHICH TARRANT'S EFFERVESCENT SELTZER APERIENT

Has obtained among physicians generally, has drawn from an eminent and very distinguished member of the medical profession of this city the following testimonial of its merits. We omit his name, knowing it to be the wish of the profession, as a rule, to avoid publicity in connexion with proprietary articles.

TESTIMONIAL.

MR. JAMES TARRANT.

SIR:—I have carefully examined, and in many cases prescribed the medicine which you presented me, and am happy to bear my testimony in its favor.

It has long been a desideratum with the profession to obtain a cathartic at once mild and pleasant, which should combine also the properties which exist in

TARRANT'S EFFERVESCENT SELTZER APERIENT.

In those cases where there is an excess of acid in the stomach and bowels, producing the usual concomitants, Flatulency, Heartburn, Costiveness, etc., the *Seltzer Aperient* in my hands has proved indeed a valuable remedy. Cathartics are generally obnoxious to children, disguise them as you may; in many cases, however, in which I have administered your *Aperient* to children, they have readily taken it, and frequently asked me to repeat the dose. To persons visiting warm climates it will prove a medicine of much value.

The facility with which it may be administered, and the elegant manner in which it is offered to the public, give it a claim to general notice which its intrinsic merits fully support.

(Signed) ———, M.D.

New York City.

The *Aperient* is in the form of a powder, carefully put up in flint glass bottles, to keep in any climate, and merely requires water poured upon it to produce a delightful effervescent draught.

Manufactured only by

TARRANT & CO.,

278 Greenwich, cor. Warren St.,

New York.

For Sale by all Druggists.

Original Lectures.

CLINICAL LECTURES

DELIVERED AT THE BELLEVUE HOSPITAL,

By STEPHEN SMITH, M.D.,

PROF. OF PRINCIPLES OF SURGERY IN THE BELLEVUE HOSPITAL MED. COLLEGE.

CONCUSSION OF THE SKULL BONES.

GENTLEMEN:—The treatment of a case has just terminated in the surgical wards, which, though under observation for several months past, presents so many points of interest that I shall occupy your time this morning in a practical review of its more important features. I hold in my hand a considerable portion of the cranium of a patient who during the past seven months has successively run through every phase of symptom consequent on a concussion of the skull-bones, from the first stunning effect of the blow to the final necrosis and separation of the mass which I exhibit to you. It would be tedious, and indeed unconstructive, to repeat the history of the case in great detail, and I shall, therefore, present only those features which may prove most instructive. I have prepared the following abstract from a lengthy and complete history of the case drawn up by Dr. Raphael, House-Surgeon of this division:—

Thomas Lauder, aged thirty-four, single, Englishman, temperate, in the enjoyment of good health, with no hereditary disease, was admitted December 24, 1862. He states that he was struck on the head with the edge of a shovel, which stunned him, and produced a lacerated wound of the scalp, about two inches in length, over the left parietal eminence. He entered the N. Y. Hospital, and after one week's treatment was discharged cured. In a few days, however, intense headache supervened, and the patient applied for admission to this hospital. He was now suffering, according to the record, from severe pain in the head and intermittent delirium. These symptoms were relieved by the application of leeches to the temples, and blisters to the neck. The relief was only temporary; vomiting, and intolerance of light and sound occurred, and, finally, periods of stupor, alternating with delirium; each of these symptoms lasting for about an hour; as yet there was no paralysis.

On the seventh day after admission I first saw him. The pulse was 130 per minute, full and strong; right pupil dilated; left side paralysed; skin hot and dry. At the seat of injury there was a large puffy tumor developed, involving the entire scalp over the parietal bone, and encroaching upon the forehead, having a crepitating feel as if emphysematous. The case demanded immediate interference, and I accordingly at once proceeded to operate. On incision at the point of injury a large quantity of fetid pus escaped from beneath the scalp. The bone was white and bloodless, with a superficial necrosis. Galt's conical trephine was applied, and on removing the disk of bone, a greenish, dirty-looking pus, about half an ounce in quantity, oozed out from between the dura mater and cranium. The patient became conscious during the operation, and complained loudly of the pain inflicted. The pulse fell from 140 to 85 per minute; the coma and delirium disappeared; he expressed himself relieved, and slept a little during the night. On the following day coma reappeared, attended with puffing of the cheeks during expiration; pulse 100. Fearing a wider extravasation of pus I again trephined the right parietal bone near the former opening, but no pus was found. As the dura mater pressed upwards, and seemed unusually tense, an exploring needle was passed through it, but no pus escaped. On the seventh of January patient was attacked with delirium and stupor

AM. MED. TIMES, VOL. VIII., NO. 3.

alternating; the paralysis, which had disappeared after trephining, had again affected the left side. These symptoms improved with active cathartics.

The subsequent progress of this case, extending over about nine months, may be stated in general terms. January 12th, he had recovered from his paralysis, sensation perfect, mind clear, pulse 84. January 13th and 14th, collections of pus were detected over the frontal bone, and behind the mastoid process, and evacuated. January 17th, another abscess was opened, relieving the symptoms of irritation. On the 20th he sat up in bed; condition very favorable. Soon after this date he began to suffer from headache, and this became one of his most prominent symptoms. He suffered from attacks of vertigo, with partial and temporary paralysis of left arm; pupils both dilated, with dimness of vision; his appetite was variable; he grew anæmic, and required active tonics; the wound looked well, granulations springing up from the dura mater in great profusion; meantime, on exploring with a probe, it was found that the pericranium was separated from the calvaria over a large surface. Little change took place until March 18th, when the patient had an epileptiform convulsion, pupils fully dilated, and puffing of cheeks in expiration. These convulsions were repeated from time to time for several months, but were seldom so severe as to deprive the patient completely of consciousness. They were not traceable to any special exciting cause, nor were they relieved by treatment. They finally ceased to recur. Meantime, the edges of the scalp-wound had gradually undergone retraction, until a large portion of the parietal bone was exposed, while the probe detected a much larger separation of the pericranium. At length it was observed that the parietal bone was loosening from its attachments to the surrounding bones, first along the sagittal suture, and subsequently at its articulation with the occipital and temporal bones. The fragment of bone was frequently moved slightly, so as to hasten the process of separation. Finally, on the 3d of August, between seven and eight months from the receipt of the injury, the fragment was detached and removed through the opening of the scalp. Some pus and blood flowed from the surface of the dura mater when the bone was removed. The dura mater had a thick layer of granulations on its surface, and cicatrization had already begun where the bone was deficient. In the subsequent treatment, by dividing the adhesions of the contracted flaps, and spreading them over the dura mater, the exposed surface of that membrane was reduced from five by eight inches to three by four inches. A few days since the patient left the hospital and returned to England. He was in a feeble condition, but able to be about the ward all day. The only permanent injuries which remained were partial contraction of the fingers of the left hand, and presbyopia confined to the left eye only.

The dimensions of the portion of skull which he left, and which I now present you, have been carefully estimated by Dr. Raphael as follows:—On comparison with a skull of about the same size and age, it appears that the parietal bone, separated in part at the sutures connecting it with the bones by which it is surrounded, viz:—At the sagittal suture from its fellow; at the lambdoidal with the occipital; and at the squamous suture from the squamous portion of the temporal bone. From this last suture an irregular line of separation is continued forward over the centre of the orbit, and striking off almost at a right angle, shooting upwards, backwards, and outwards (inclining a little to the left), strikes the front parietal or coronal sutures of the left side, an inch and a quarter from the sagittal suture. The frontal bone is thus divided into two unequal parts. The separated portion has its greater base at its junction with the greater wing of the sphenoid-bone, its lesser at the junction with the parietal-bone. The right lower angle of the necrosed frontal portion, if continued downwards, would strike the upper margin of the right orbit in the centre. The ossa Wormiana, found in these sutures, are not found and have probably escaped with the discharge. The larger ones were removed with a forceps when they loosened. The

frontal portion is adherent to the parietal, and, although somewhat movable at the coronal suture, it cannot be separated without fracturing some of the serrations forming the suture. The length of the frontal portion is four inches, width two and a half inches; but on account of its irregular shape it is difficult to give the very exact measure. Both bones together measure eight inches in length, and varying from four, four and a half, to five inches in width.

(To be Concluded.)

Original Communications.

GUNSHOT WOUND OF HAND,

RESULTING IN APHONIA.

By GEO. J. RICE, M.D.,

ACT. ASSIST. SURGEON U.S.A., GEN. HOSP. NO. 1, NASHVILLE, TENN.

JAMES HEINBAUK, Co. G, 84 Regt. Ind. Vol. Inf., Connersville, Fayette County, Ind., age, 24 years, height five feet seven inches, hair black, eyes black, was wounded by the accidental discharge of a gun, on April 31, 1863, at Little Harpott Bridge, near Franklin, Ky., the whole charge of the piece passing through the palm of the left hand, carrying away the middle third of the metacarpal bone of the second finger, leaving a ragged wound of soft parts about two inches in length by one and a half in width. Admitted into Hospital No. 1 on May 5th, and came under my care on the 18th, at which time the whole appearance of the wound was good; granulations were rapidly forming, with a free discharge of laudable pus. The extremities of the bone bore the appearance of having been chopped off with the pliers.

Health at the time of accident good. He states that he had an attack of pneumonia in November, 1862, since which he has not been able to do much duty. Upon examination I find slight hepatization of lower lobe of left lung. At time of my first examination his pulse was healthy, 18 per minute; appetite good; sleep sound and unbroken; bowels regular. Indeed, patient was only remarkable for evenness of temper and modesty of deportment; continued to do well with water dressing; hand supported by a splint until June 5th, when he was taken with a chill, followed by fever and severe pain in head and thorax, but no change in appearance of wound. Treatment, quinia and iron. June 6th.—Heat of skin subsiding; pulse 85; still complains of excruciating pain in head, and difficulty of breathing, for which no cause is discoverable upon physical exploration; inclined to dulness of mental perception; almost soporific; difficult to get an answer to questions asked; wound very tender to touch; red areole around edge, half an inch wide; change in character of pus, which is still in large quantity, but presents a peculiar curdy appearance, as of coffee poured upon sour cream, and floats upon the surface in flakes, with a yellowish serum filling cup of wound. June 7th.—Patient comatose; cannot be aroused to speak or take any notice, except that he will take his well hand to adjust the wounded one; occasionally turns from one side of bed to the other, but always carries the wounded hand; will swallow fluids when put between his lips; respiration 30; no crepitation; pulse 80, with a prolonged, thrilling, struggling motion under the finger. Wound more inflamed; the areole an inch and a half wide, with dark purple edge; wound has extended to almost double the size of yesterday; ends of bone protruding; pus very scant, presenting a greenish yellow surface. Expression of countenance anxious, with a continual motion of lips, as though attempting to speak. Sensation very dull; only shows signs of pain upon severe pressure upon wound; will suffer the ends of bone to be grated with forceps and manipulated without flinching. June 8th.—No change of pulse, or indeed of any symptom, except

that he swallows with difficulty and is more restless; countenance more anxious, with a contraction of muscles, as though suffering pain; wound entirely dry, with curdy matter on the surface. Treatment: iron, whiskey, beef-tea, and ulmus P. and charcoal applied to the wound. June 8th.—No change in pulse, except that it is softer; breathing easier, 20 to minute; more freedom of motion; face less anxious; takes food or medicine with less difficulty; no change in wound, except radii of inflammation extending up the arm to axilla. Continue treatment. Applied acetum nitri $\frac{3}{4}$ j., aquæ Oj., upon lint to surface of wound. June 9th.—Symptoms ameliorating; pulse 80, soft; breathing 20, but easy; wound has thrown off its creamy deposit and lost its purple color; no suppuration; extensive tumefaction; very sensitive to touch. Sensibility increasing; will take a cup of water in his hand and carry it to his lips, but does not notice anything that may be said to him, even though it may be spoken in a loud voice; follows me with his eye with an anxious expression. June 10th.—Improving; pulse 95; breathing 18; skin moist; bowels regular; can now sit up on his bed, and take what nourishment is set before him; will reach and make clear what he wants, though he does not attempt to speak, or notice what may be said to him. Wound is less inflamed; laudable pus beginning to appear; tenderness increasing; tumefaction still great. June 11, 12.—No notable change. June 14th.—The patient is still doing well, but has shown no indications of hearing or speaking; this morning he has written upon a slip of paper that he can neither hear nor speak, that his tongue is stiff, and that he can move it with great difficulty. I have examined with care, and can discover nothing abnormal about the tongue or larynx; neither about the ear, so far as an examination with a speculum is concerned. The wound is granulating, and has taken on a healthy appearance, with a free discharge of good pus. July 1st.—Patient doing well in every respect, except that he is totally deaf and dumb. I have subjected him to many tests, such as awaking him out of a sound slumber, and asking him questions. Twice I have fired a pistol behind him when he was not aware of my presence, without his showing any symptoms of startling, when all the patients in his vicinity were quite alarmed by the report. Yesterday there was a serenade by a band; all the men who could walk were at the window, while he sat still on his bed, but when his attention was drawn to the fact he seemed quite interested in looking at the performance. I have watched him during a severe thunder gust, when the crash of thunder was most terrific; he did not appear to be aware of it, only as he felt the jarring of the building. The wound is healing rapidly, but his hand is permanently disabled. July 6th.—Still deaf. I am satisfied that, beyond a doubt, he is entirely deaf, and can make no sound with his voice; his papers have been made out for his discharge. In the meantime I shall observe him with vigilance to be sure that I am not deceived. July 18th.—I have this day received his discharge papers, approved. Wound is healed, but hand is still much swollen. The second finger will be permanently useless. Patient's general health is failing; he is quite anemic; appetite is not good. There are indications of incipient phthisis. I am still satisfied that he is entirely deaf and dumb. Aug. 20th.—I have received letters from him at his home; he is still in the same condition, and is quite disheartened at the prospect of being permanently a mute.

NOTE FROM PROF. HAMILTON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—This report has been furnished to me by Dr. Rice at my request, I having seen the patient at various periods of the progress of the malady. I saw him before the occurrence of coma, when the wound was healing kindly. I saw him when he was comatose, and the wound was looking very badly, and I saw him again when a favorable change had taken place in his general appearance, and in the condition of the wound. He was still apparently deaf,

and unable to make even simple sounds, but his mind seemed unimpaired. I think it very certain that he was not a malingerer, yet I would like to have had him placed under the influence of ether or chloroform, so that no doubt could have remained. The poor fellow was so thoroughly maimed by the wound that it would be difficult to conceive a purpose in malingering.

By a letter received from Dr. Chitwood, of Connersville, Ind., I learn that since his return home his voice has been gradually restored, and also hearing in the left ear, but not in the right.

Yours, etc.,

FRANK H. HAMILTON, M.D.

44 E. 26th St., N.Y.

CASE OF SUB-ACUTE TRAUMATIC TETANUS.

TREATED BY MORPHIA AND STIMULANTS.—RECOVERY.

By JOHN DWYER, M.D.,

SURGEON N.Y.S.V.

CORPORAL JAMES MEEHAN, 69th Reg. New York State National Guard, æt. 24, was wounded on the 30th January at the action of "The Deserted House," Suffolk, Virginia. The left arm was extensively lacerated by a fragment of shell, a large portion of the deltoid and parts of the biceps and coraco-brachialis being torn away; the artery and vein escaped injury, as did also the bone, which was, however, nearly stripped of muscle. The wound was about five inches in length and four in breadth, and engaged the upper third of the anterior and external aspects of the limb. The usual treatment was employed: cold water dressings for the first few days, anodyne poultices subsequently. Up to Friday, February 13th, the patient progressed favorably; on this day, fifteen after the receipt of injury, he complained of a slight soreness in the jaws, which, on the 14th, increased to an inability to open the mouth widely. 15th. His symptoms were, trismus (the teeth could only be separated to the extent of half an inch), slight difficulty in swallowing stimulating liquids, stiffness in the muscles at the back of the neck, pain in the temporal muscles, suffused conjunctivæ, and a *peering* expression of face; ordered a purgative. 16th. The signs became more marked, and he was removed from the hospital ward, which was full of other wounded men, to a room in another building adjoining the Surgeon's private quarters. Given four ounces of milk punch every fourth hour and three grains of opium at night. 17th. Complaints of pain along the spine, and at the ensiform cartilage—this last "catching" him, he says, when he tries to take a full breath. To-day the "risus sardonius" is well marked. On the suggestion of Dr. Nolan, Surgeon of the 155th New York Volunteers, an assafoetida enema was administered. Milk punch and opium as before. 18th. Bowels freely acted, no peculiar offensiveness remarked, slight tendency to perspiration. Milk punch as before; a grain of morphia at night substituted for the opium. 19th. Says he had no rest last night, as when he fell into a doze the tongue protruded, and the teeth closing spasmodically, lacerated it; tongue is much bruised and swollen, had a cork gag made to guard against this. Milk punch as before, two grains of morphia at night. 20th. Perspiration increasing, its odor being very disagreeable; ordered an assafoetida injection, after which he had a partial spasm, the limbs from the trunk down to the knees becoming perfectly rigid for a few seconds; complains principally of a pain between the shoulder blades; at 10 P. M. gave a second assafoetida enema. Diet, beef tea, tea and toast (the latter reduced to a pulp and taken in the tea by means of a feeder); appetite fair, pulse full but quicker than natural; muscles of the trunk, abdomen, and thighs, to a great degree persistently rigid. Milk punch and morphia as before. 21st. Complaints of want of rest, is very uneasy; expresses a wish to have his milk punch changed for whiskey diluted with water. Ordered an assafoetida enema, a grain of morphia during the day and two at

night; twelve ounces of whiskey. 22d. Rigidity of the muscles of the thighs well marked; at intervals is seized with strong and painful spasms in them; muscles of abdomen nearly as hard as a board. Whiskey and morphia continued. 23d. Speaks of great pain in the loins and groins, chiefly the left one; had a *general* spasm this morning, which lasted a few seconds. Fifteen ounces of whiskey and four grains (in grain doses) of morphia, in the twenty-four hours. 24th. Perspires profusely; symptoms to-day are: trismus, rigidity of the muscles of the abdomen, rigidity and painful contractions of the psoæ and femoral muscles (particularly of those of the left side), with pain between the scapulae. The pain at the ensiform cartilage has ceased. Whiskey as before; morphia, five grains to day. 25th. Ordered purge of one drop of croton oil with four grains of the compound extract of colocynth, as his bowels were obstinately costive. Suffers greatly from the sudden and frequent "catches" in the groins and thighs; his moans and cries are distressing. Whiskey twenty ounces; six grains and a half of morphia (a dose being one grain and a half at night). 26th. Is very irritable and keeps his attendant constantly on the move; screams loudly as the spasms catch him; complains bitterly of the slightest noise; sweatings persistent and most profuse; looks eagerly for the whiskey, which he takes in small quantities at a time, largely diluted, and at frequent intervals. Twenty ounces of whiskey, six grains of morphia. 27th. Had tobacco poultices applied to the abdomen twice to day. Sponged his body with vinegar, which, he said, refreshed him much. Whiskey and morphia as before. 28th. To-day he is extremely weak; the offensively smelling perspiration literally pours from him, he is steaming all over; his cries and screams, as the spasms seize him, resound through the building and can be heard outside; this condition lasted the entire night; the case apparently hopeless; we plied him with whiskey *ad libitum*, and he had seven grains of morphia in the twenty-four hours. March 1st. This morning we notice he talks loudly and incoherently, and we conclude the whiskey is beginning to tell on him and fear that we have administered it too freely, but the spasms are *neither so violent nor of so frequent occurrence*. Decreased the whiskey to twelve ounces, and the morphia to four grains. 2d. Feels much easier, says the pain has left the groins altogether; but he is still fretful and irritable, he complains now of the "catches" coming in the knees. 10 P. M. The pain is not nearly so severe, the spasms are not so frequent, and the muscles of the jaw are partially relaxed; the belly is still tense, and he is very weak. Three grains of morphia and ten ounces of whiskey. 3d. His bowels not having been moved since the 26th repeated the purge as above. The spasms are observed to-day to take him in the knees and great toes; the abdominal muscles are partially rigid, those of the legs from the knee down, and of the feet *perfectly hard*; the knees and great toes of the left side are most affected. His countenance during the last four days has assumed a very haggard expression; he has fallen off greatly in flesh, and his pinched cheeks and wasted limbs testify to the suffering he has undergone; three grains of morphia, ten ounces of whiskey. From this time he gradually improved, the stiffness in the legs from the knees down remaining, however, for a considerable period, and for days he could not bear any one to touch his limbs, as doing so brought on a spasm in them. Morphia and whiskey were still given him, the doses of each being decreased from time to time. On March 14th he was removed back to his old quarters in the hospital, and on that day his dose of morphia was one grain, and of whiskey six ounces. The following day there was a good deal of additional rigidity in the muscles of the abdomen and legs, but this soon passed off; the trismus had now nearly disappeared, and the wound was healthy and slowly cicatrizing. Early in April he was able to walk about the hospital, he gained flesh just as rapidly as he had lost it, and all his complaints were that his *left* leg was a little shorter than his right, and that he could not raise his wounded arm.

On April 15th, in compliance with an order from Dr. Hand, Medical Director (Suffolk being considered in danger of attack), he was sent with other sick and wounded of the regiment to the General Hospital at Fortress Monroe; he was then hearty and in good spirits, and could walk very well with the aid of a stick. The wound had nearly healed up.

The following are a few points of interest connected with the case:—

1. The absence of any modification of sensation or motion in the forearm or hand, though not only the site of the wound, but the supervention of tetanus, would lead to the belief that some of the nerves of the brachial plexus had been injured.

2. The mixed character of the attack, which was attended with most of the symptoms of acute tetanus, but which on the other hand was distinguished from it by the partial nature of the spasms, by the muscles of the glottis not being engaged, and above all by its fortunate termination.

3. The healthy state of the wound.

4. The peculiar course taken by the disease, which, it will be observed, affected the jaws first, then the muscles of the back—the diaphragm—the abdominal muscles, the psoas, then the thighs and legs in turn, terminating literally by going "out at the toes."

5. The screams and moans of the patient said to be usually absent in tetanus—here they can be easily accounted for by the fact that the muscles of the larynx were not involved at all.

6. The wounded side being more affected by spasm and pain than the other (also noticed by Macleod in his "Notes on Surgery of Crimean War"), this was subsequently proved by the left leg remaining contracted even after convalescence—the right arm was never affected in any way.

Three other symptoms, which Dr. Macleod had recorded, were also present in this case—the "hawking up of a viscid spittle," "pain darting from the wound to the spine," and the production of spasm in the limb by touching it.

The assafoetida enema, though spoken of by some as of great service, did not appear to have the slightest effect in this case; neither did the tobacco poultices. It may be said we did not give these a fair trial, but the patient had no faith in either, and strongly objected the irritation produced by turning him for the purpose of administering the one; and the exposure and wet entailed by the use of the other, were objectionable.

His diet during the trismus was beef-tea, tea and toast, and eggs, these he had chopped up fine, and he would suck them through the feeder. As he became convalescent he was nourished with farina, corn starch, etc., and before he left the hospital he was able to masticate a piece of broiled meat for dinner.

The quantity of morphia taken from Feb. 18th to March 3d, inclusive, was 55½ grains, an average of nearly four grains per diem, the greatest quantity taken in any one day being (on Feb. 28th) seven grains.

202 ounces of whiskey were taken during the same period; an average of fourteen and a half ounces per diem. Twenty ounces were taken daily three days in succession, and on Feb. 28th he must have taken thirty-two ounces.

In conclusion, it may be well to observe that the patient had the reputation of being always a sober man, and on more than one occasion between the thirtieth January and thirteenth February manifested a marked dislike to whiskey; also, that no mistake could be made as to his having actually taken the doses of whiskey and morphia stated, as the case being of considerable interest, the treatment was conducted under the immediate eye either of myself or of Assistant-Surgeon John A. Spencer, of this regiment, who was indefatigable in his attention, and took particular notes of the case daily.

PARACENTESIS THORACIS IN EMPYEMA.

By E. P. BENNET, M.D.

DANBURY, CONN.

As there is considerable difference of opinion in regard to the deleterious influence of the air when admitted into the pleural cavity, I send the report of two cases of paracentesis thoracis for empyema. The first case was of a boy of about eight years of age, who had suffered from pleuropneumonia. Paracentesis was performed, and between one and two pints of pus discharged. No precautions were taken to prevent the admission of air into the pleural cavity, and it entered freely. A second puncture was made about a week later, when another pint was evacuated; the opening so remained, and for several days the air passed freely out and in at every expiration and inspiration, yet no evil consequences followed, and the patient made a good recovery. The second was a child, eighteen months old; the case was a severe one, and when, to all appearance, the child was in articulo mortis, I punctured the chest, and discharged a pint of thick pus. The puncture did not close; the air passed freely out and in for several days; the child immediately improved, and finally recovered, to the utter astonishment of many who saw him. I have often punctured the chest for empyema, and have always found that when the opening did not close up, and air was freely admitted into the pleural cavity, the patient did best. Hence, I am led to conclude that the fears of the profession on this subject are entirely groundless, and that all the instruments for withdrawing the fluid without the admission of air are perfectly superfluous. This opinion is not based on the result of a single case, but of many cases during a series of years.

January 5, 1864.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Sept. 23, 1863.

DR. D. S. CONANT, PRESIDENT, IN THE CHAIR.

REMOVAL OF AN INCH AND A HALF OF COMMON CAROTID ARTERY FROM THE SUBSTANCE OF A CANCEROUS TUMOR—LIGATION OF JUGULAR VEIN—RECOVERY OF THE PATIENT.

DR. CONANT exhibited an inch and a half of the common carotid artery of a gentleman 70 years of age, residing in New Hampshire. The patient, about two years ago, had suffered from a carbuncular inflammation of the right side of the neck, continuing for several months. Finally the diseased parts healed over, though it left the patient in rather feeble health. A few weeks after a little tumor showed itself on the right side of the neck, and appeared to be merely one of the enlarged cervical glands. This tumor continued to increase in size for nearly eleven months, when Dr. C. saw the case. He, however, merely prescribed an anodyne application, and some internal remedies. A few weeks subsequent to this the tumor seemed gradually to disappear. Indeed, for some months it was almost entirely gone, when all of a sudden, during the last spring, it began to increase in size more rapidly than before, and on the 13th of June, when the patient was again seen, very strong fears of the existence of a malignant element in the tumor were entertained. The mass extended so far downwards that it gave rise to symptoms of pressure on the brachial plexus of nerves. In the course of the next five weeks the pain in the arm gradually increased, and superadded to this was considerable pain at the side of the neck. This pain had become so severe that, in order to obtain sleep at night, he was compelled to crowd his finger underneath the tumor and above the clavicle, in order to remove pressure from the nerves. By the 15th of July the tumor had increased so much in size as to fill a pint bowl. The

trachea was crowded an inch to the left of the median line, the sterno-cleido mastoid muscle was thrust forward, the anterior edge of the trapezius was dissected up, while the lower portion of the tumor was fastened down against the upper portion of the clavicle. The patient being very anxious for an operation, and he being in a condition to warrant some surgical interference for his relief, Dr. C. consented. After the administration of ether an incision was commenced on the posterior part of the cleido-mastoid, and carried to the clavicle, then along the clavicle to the trapezius. The flap being turned up, the tumor was perfectly smooth. The inferior and posterior portion of the tumor was readily enucleated, but while dissecting underneath the sterno-cleido mastoid muscle it was found that the mass of disease had surrounded the common carotid artery and jugular vein. It was also found, in dissecting the upper portion of the tumor, that the parts were plentifully supplied by branches of the carotid; this was firmly ligatured. The diseased mass was then gradually sliced down until the jugular vein was reached, when it was found to be full of matter, and hard. It was then discovered that the ligature had included the vein as well as the carotid and its branches. The artery at the lower part of the tumor, about an inch and a half below this point, appearing to be very fragile, a second ligature was applied. As much of the tumor was removed, by slicing, as could be done, without taking out its intermediate portion, leaving artery and vein intact, surrounded by a small portion of tissue. The case progressed very well, subsequent to the operation, so that at the end of three weeks he was able to go alone to his barn and attend to minor affairs about the farm. At the end of five weeks the wound had entirely healed, except at the point where the ligature came through. The upper ligature had not come away, and in withdrawing it Dr. C. brought with it that portion of the vessel (1½ inch) included originally between the ligatures. The patient at last accounts was doing well, though there was still considerable discharge from the wound. The cervical glands again show a tendency to enlarge. The tumor was cancerous.

Dr. ELIOT asked if it were usual for malignant tumors to decrease during any particular stage of their existence.

Dr. CONANT replied that such was so unusual that in the instance referred to he was inclined at one time to the opinion that the disease was not of a malignant character.

Dr. CLARK remarked that vascular malignant tumors were very apt to vary in size at different periods, according to the amount of blood that they circulated. In this connexion he referred to a case of cancer of the tongue, which was shown him some years ago by Dr. Buck. At one time the tumor decreased so markedly in size that Dr. Buck was inclined to give up his diagnosis, but in the course of a few weeks after the disease again took on a very rapid growth. Dr. Clark examined the tumor microscopically and proved it to be of a cancerous character.

DOUBLE AMPUTATION.

Dr. CONANT related the case of a severe railroad accident, which occurred on a train on which he happened to be a passenger. The patient was a newsboy, who fell from the train, and two cars passed over both his legs, severing one completely, and leaving the other hanging by a small strip of flesh. He performed a double amputation, one at the junction of the upper and middle-thirds, and the other a little lower down. With the exception of the occurrence of secondary hæmorrhage from the detachment of the ligature, by another surgeon two days after, the patient did well. He merely related the case for the purpose of illustrating how important an operation could be performed by instruments which were carried in a case that could easily be placed in the coat-pocket. The cutting was supplied with an adjustable handle, and all the other required instruments were packed away in the smallest conceivable space. He had devised the case for the purpose of operating at the Dispensary.

CASE OF TREPHINING.

Dr. CONANT also presented a small portion of the skull of a patient whom he trephined under the following circumstances. Happening to be among the Adirondack Mountains, he was requested to see a young man who had sustained a severe injury of the head, and a fractured thigh, by being thrown from a wagon. For seven weeks the patient had lain in a partially unconscious state. The thigh had not united, but around the seat of the injury an abscess had formed, which was constantly discharging a great quantity of matter. The patient would seem to notice to a slight extent what was going on around him, and would take up a word from a question that would be asked him, and repeat it over and over again, each time louder, until he would be apparently exhausted. His hearing was so acute that he would even catch at whispered words in the same manner. Dr. C. concluded from this circumstance that the grey substance of the brain was affected rather than any other part. On examination at the seat of the injury no lesion of the skull could be detected; still, the friends being anxious for the operation, Dr. C. consented to perform it. Having no trephine at hand he used a chisel and mallet for the purpose, carefully cutting out a small button of bone.

There was nothing particularly noticeable about the dura mater, except, perhaps, that it seemed as if it had shrunk away, notwithstanding there were evidences of the existence of serum underneath. Dr. Conant in this connexion mentioned the fact that he had witnessed a post-mortem examination in a case of typhoid fever, by Mr. Laycock of Edinburgh, in which this peculiar symptom of repeating words was a distinct feature, and that the gentleman maintained that it was due to trouble at the base of the brain, in the floor of the fourth ventricle. At the autopsy Mr. Laycock found a granular condition of the living membrane of the iter a tertio ad quartum ventriculum.

Dr. CLARK thought that such a point was a little too finely drawn.

Reports of Clinics.

PROFESSOR RAPHAEL'S SURGICAL CLINIC

AT THE NEW YORK MEDICAL COLLEGE.

REPORTED BY J. H. THOMPSON, M.D.,

GUNSHOT WOUND.

J. S., aged thirty-two, born in the United States, wounded in the battle of Antietam, September, 1862, by a minié ball which entered the anterior aspect of the left leg, striking the tibia exterior to its spine, passing through to the leg between the tibia and fibula. The ball was extracted posteriorly after suppuration had revealed its position under the integuments. Several sinuses have made their appearance at intervals, and more or less suppuration has continually been present. The sinuses which now remain are discharging an offensive pus. Five or six small pieces of bone have been exfoliated, but none very lately. Advised to dress the wound with the following ointment,

R. Balsam Peruv. ʒj.,
Simpl. cerat. ʒj.

The next time he came, the wound not having healed, he admitted that he had had gonorrhœa lately, and syphilis six years ago. Pills, as follows, were prescribed,

R. Massæ hydrarg. ʒj.,
Pulv. opii, gr. v. M. et ft. pil. No. xx.,

One pill to be taken three times a day, and an ointment of hydrargyri nitratis ʒij., et cerati simplicis ʒvj., was given to dress the wound.

As the wound is very tardy in healing, and is also quite tender, the cicatrix being adherent to the bone, he was

told to paint it daily with tinctura iodinii et spts. vini rect., in equal quantities. The last time he was at the Clinic he came to report himself as cured.

PARONYCHIA.

Wm. Van A., aged fifteen, born in the United States, bone felon on the thumb of the right hand, which he has had for one week. Prof. R. remarked that this is one of the most painful affections, and as the matter is confined between the periosteum and the bone, and cannot find its way to the surface, if not interfered with, the result is necrosis. They may, however, frequently be dispersed by immersing the part affected in water or lye as hot as can be endured, when they first make their appearance, but as this one has already existed too long for such treatment, it was laid open through the periosteum to the bone, thereby giving vent to a considerable quantity of pus, and also affording immediate relief. He was then ordered to poultice it with linseed meal for a few days, after which he is to dress it with simple cerate.

PSORIASIS.

Ann A., aged forty-five, born in the United States, chronic psoriasis, confined to both legs below the knees. Prescribed liq. potassæ arsenitis, gtt. x., three times a day, upon which she improved, but complained that the medicine made her sick. It was therefore discontinued, and the following given,

R. Pulv. rhei,
Sodæ bi-carb., aa, gr. xlvijj.,
Pulv. ipec., gr. vj.

To be made into xxiv. pills. One to be taken three times a day. And an ointment for local application, made as follows:

R. Hydrarg. rub. precip.,
Terebinth. Venetæ, aa, ʒi.,
Ung. simpl. ʒi. M.

The patient subsequently presented herself at the Clinic completely cured.

TERTIARY SYPHILIS.

A. C., aged thirty-three, born in Denmark, sailor, tertiary syphilis. He had two chancres on the prepuce three months before he presented himself at the clinic, which broke out several times. He now complains principally of pains in his bones and head, and also sore throat, in which there are some few ulcerated points. Some of the cervical glands are enlarged, and may easily be felt. He was put upon

R. Potassii iodidi ʒij.,
Tinct. cinchonæ co.,
Aq. uæ, aa, ʒij. M.

S. Two teaspoonfuls three times a day,
and also

R. Hydr. bi-chlor., gr. iv.,
Ammoniac mur., gr. vj.,
Miccæ panis, q. s, ft. pil xxxij.

S. One pill three times a day.

This patient is now entirely well.

ONYCHIA MALIGNA.

Patrick F., aged seven years, born in this city. This is a case of onychia maligna. The end of the middle finger of the left hand, which is the one affected, is much enlarged, red, and exceedingly painful. The nail has grown quite long, and is loose. He has had this sore about four weeks. Has always been a healthy child, but is rather pale now. Lives down in a damp basement.

Prof. Raphael remarked that this affection frequently arises from living in unhealthy localities, thereby inducing a cachectic condition of the system, and is also traceable sometimes to a syphilitic taint. The nail, which had become dark and shrivelled up, was removed with a pair of forceps. An ointment

R. Aq. ext. opii, gr. x.,
Cerati simpl. ʒss., M.,

was given to dress the finger with. He was also ordered to take five drops syr. ferri iod. three times a day.

The above treatment had entirely cured the boy the last time he presented himself at the clinic.

INGUINAL HERNIA.

Geo. W., aged twenty-two, born in Ireland, inguinal hernia, strained himself two weeks before he presented himself at the Clinic. He now complains of a swelling in the right groin about as large as his fist. He procured a truss, and the hernia is not apparent now, but he says it comes down if he leaves off his truss.

Prof. Raphael remarked, that in recent cases of hernia the mere pressure of the truss will generally create enough inflammation to cause a sufficient formation of lymph to block up the inguinal ring, and thereby cure the hernia as radically as by an operation. But there is a good deal of skill required in the adjustment of a truss, and it should accurately fit the ring. He is advised to continue to wear the truss, allowing him to leave it off at night, being careful to support the part with the hand on arising in the morning until he gets his truss on.

ENCYSTED TUMOR.

Thos. R., aged fourteen, born in New York, encysted tumor situated just under the left malar bone, noticed it about two years ago; it has increased in size very slowly, and is now about the size of a black walnut. Prof. R. operated by transfixing the tumor with a sharp-pointed bistoury, and cutting outwards, making an opening of somewhat more than one inch in length, the contents of the sac, which were of a cheesy consistency and appearance, were pressed out, and the sac was then dissected out entire. One suture was put in the centre, and the remaining portions of the wound drawn together with strips of isinglass plaster, over which a compress was bound down with some more plaster.

After evacuating the contents of the encysted tumor, the sac should always be removed, either in the manner here described, or as is frequently the case, it may be simply drawn out with a pair of forceps. Unless this is done they will be almost certain to fill up again, thereby rendering a second operation necessary.

In this case but very little inflammation supervened, and the greater part of the wound healed primarily, the remainder closed up nicely after a few applications of adhesive strips, leaving a very slight cicatrix.

ADHESION OF THE CHEEK TO THE JAW.

Thos. J. McC., aged sixteen, born in New York, was salivated at five years of age; the inner side of the right cheek is adherent to the gums of both the superior and inferior maxillary bones, which prevents him from opening his mouth more than one-fourth of an inch. He says he could open it wider three months ago than now, and that it has been gradually restricting the movement of his jaw for a considerable period.

The adhesions were divided between the cheek and upper jaw, which gave him considerably greater mobility than he had before. He would not submit to having any further operation for the division of the parts from the lower jaw; and as nothing more could be done he was told to rinse his mouth with cold water frequently.

TERTIARY SYPHILIS.

Jas. J., aged twenty-eight, Irish, had syphilis eight years ago, and was salivated. Has had ulcers on his legs, and also a node on the sternum. The latter, however, has been removed by the use of the iodide of potass. His gums are sore now, for which he is ordered to use as a wash R. Tinct. myrrhæ ʒi. et Aq. uæ ʒijj., M., and also to continue the use of the potass. iod.

The Chair of Chemistry at Berlin, also that at Bonn, have been offered to Dr. Hofmann, of London. The University of Bonn propose to place £20,000 at his disposal for the establishment of a laboratory.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.

GLYCERINE IN THE TREATMENT OF DISEASES OF THE EYE.

Two classes of preparations are introduced, called glycerates and glyceroles; the former, an unctuous substance made by associating glycerine with another substance, as starch, for example, and used as an excipient for different remedies with which it forms ointments, pomades, etc., while the latter consists simply of glycerine associated with some remedy for which it forms a vehicle. The glycerate of starch is recommended by M. DEBOUT as the best excipient for ophthalmic pomades, and is prepared by taking of glycerine by weight fifteen parts, and starch one part, and heating in a capsule over the flame of a spirit lamp stirring with a spatula until complete hydration of the starch has taken place. This is free from the unpleasant odor of grease, does not become rancid, and instead of causing erythema, cures it when it exists. Owing to the solvent properties of glycerine, we are free from any mechanical irritation that might arise from the medicament not being completely dissolved.

The following glyceroles are recommended by M. Foucher as collyria: Pure glycerine, thirty grammes; borax, two to four grains, or sulphate of zinc, one to three grains, or sulphate of copper, one to four grains, or tincture of iodine, four to eight grains, or perchloride of iron, one to four grains, or tannin, two to four grains, or calomel, three to four grains, or Sydenham's laudanum, two to four grains.

These are to be used as each particular remedy is indicated, as for instance, the two first in ordinary conjunctivitis, whether palpebral or ocular. The glycerole of laudanum for the relief of photophobia. For chronic affections the sulphate of copper, etc. The strength of these preparations may, of course, be varied to suit any particular, or according to the views of the practitioner. If ointments are wanted, the following are proposed by M. DEBOUT:—Glycerate of starch, fifteen grammes, sulphate of copper, 0.01 to 0.25 grain, or for chronic affections, glycerate of starch, fifteen grammes, binoxide of mercury, 0.15 to 0.50 grain, substituted for red precipitate ointment. In addition to these preparations there is the glycerate of starch in combination with the iodide of potassium, and of calomel and of nitrate of silver, and so on. Even glycerine alone has proved a remedy in many instances. It readily cleanses the eye from all purulent secretions, and aids other means, as scarification, cauterization, etc., and yet to obtain all the advantages, it is of the first importance that the article be genuine, and free from the impurities of commercial glycerine.

Mr. R. Reynolds, of Leeds, has written a letter to the Pharmaceutical Society of London, in which he condemns in strong terms this adulteration, which he believes is practised to a great extent in the preparation of galenical remedies. While no harm would result from the substitution of methylated spirit in the compositions of liniments, etc.; its cheapness when compared with alcohol, and the triumphs of chemistry in so far purifying it from its nauseous taste, that by slightly flavored additions it becomes indistinguishable from similar preparations made from pure spirits, so strongly tempts the cupidity of the not over-honest manufacturers that Mr. R. declares, that "the medicines supplied to the poor are now all but exclusively methylated." He tells the society that its members would stand aghast could they know to what extent the manufacturing chemists engage in this business. He speaks of one house as using medicinally 12,000 gallons of methylated spirit per annum. From it is prepared "that impudent trash sold as Indian brandy, and gin, and whiskey." He appeals strongly to the society to discountenance this practice, not only by the allegiance due to the College of Physicians, who have expressly forbidden it, but by the

allegiance they owe to truth, and to the reputation of an honorable profession, while "methylated spirit in pharmacy has become a gigantic lie."

American Medical Times.

SATURDAY, JANUARY 16, 1864.

FEVER IN HOSPITALS.

WE have the melancholy duty of recording the death of another member of the resident staff of Bellevue Hospital. Dr. ROWE is the fifth resident medical gentleman who has died of fever contracted in the discharge of his duties in this institution within the last nine months. During the same period ten more of the staff have passed through the fever, and have recovered or are now convalescing. This is a startling record of mortality under any circumstances, but in the present instance is simply harrowing. Five young physicians in the vigor of early manhood, lingering still in this great practical school to give to their education that perfection of temper and firmness necessary to rapid success, fall victims to fever. In the death of such young men, highly educated, devoted to duty, and of noble aspirations for excellence, the whole profession sustains a great, an irreparable loss. It can ill afford to needlessly sacrifice on the altar of humanity those who are so eminently qualified to sustain its dignity and honor, and to advance the science of medicine beyond its present bounds. If these things must needs be, if suffering humanity demands the sacrifice, the victims are always ready to be offered. The noblest members of our profession have yielded their lives a willing offering to stay or mitigate the horrors of pestilential and epidemic diseases. Our hospitals bear ample testimony to the courage and heroic bravery of young medical men in the midst of danger from the most fatal infectious and contagious diseases. No post of duty is deserted, and when one falls another instantly steps forward to fill the ranks.

But however necessary it may often be for the physician to take his life in his hand and go boldly into the midst of infection, and if need be incur the fearful penalty of death, the question recurs, Is it necessary to sacrifice so many valuable lives of young medical men in our hospitals to typhus or typhoid fever? Are not these preventable diseases? What are the teachings of sanitary science? We earnestly put these questions to the Medical Board of Bellevue Hospital, and to the Commissioners of Charities and Corrections, as the constituted guardians of the sanitary affairs of our largest hospitals.

The spacious and liberally provisioned hospital buildings, with their thousands of comfortable beds, bear testimony to the beneficent and large purposes of the governing Boards of these noble institutions, but if it occurs that by some failure to conform their administration in accordance with the inflexible laws of sanitary science and the requirements of nature, the costly edifices and the richly furnished wards are transformed into fever nests, and furnaces of infectious and deadly disease, spreading death to all classes of patients, and secretly poisoning the faithful attendants and zealous young physicians who are on duty there, then we are in duty bound to press the inquiry—Who is respon-

sible for the needless sacrifice of these lives, and the official guardians of those institutions must ask, What does sanitary science teach concerning such maladies?

It is not our purpose to enter upon an elaborate discussion of this subject, but it is manifestly necessary that instant and thorough reform should be effected in reference to the causes of endemic and infectious fevers in our hospitals. Though the localization of such maladies is an opprobrium to any hospital, lamentable experience in a very large number of hospitals in our country has shown how very difficult is the task of eradicating the typhic poison in the wards and quarters where it finds a wonted nidus and hiding spot. Sanitary science teaches, and experience has abundantly demonstrated, that typhus and typhoid fevers are absolutely preventable diseases, and that the typhic poison itself is not so incorrigible as to defy medical and police control. But the virus of these fevers must be rigorously dealt with as a terrible foe. Its birth is in the crowded ward, the unventilated and densely packed hall, the filthy tenement, and where effete organic matter chances to be accumulated or neglected. The essential fact relating to the processes of these fevers is, that they rapidly waste the organic elements of the human structure, and that in ordinary apartments with an atmosphere at all confined, as by closure of windows and open fire-places, the typhic poison is fearfully communicable or personally infectious and contagious. And these are the facts that demand attention from the governing Boards of our hospitals.

Shall the present causes of the fever pestilence in Bellevue and other hospitals continue because, forsooth, there is supposed to be an *epidemic constitution* of the season or of the atmosphere this year? The same fever tragedy is enacted within the same walls, and from the same preventable causes, year after year; and it will be repeated every winter until those causes are removed. Five of the choicest young physicians in a single institution killed by this stealthy enemy of our hospitals, during the past few months! More such sacrifices will rapidly follow, unless medical men come forward, and, with the redeeming power of sanitary knowledge, effect the needed reform.

As a preliminary step in that work of reform, let a rule be peremptorily ordered in all the hospitals of this city, that patients with typhus or typhoid fever shall not be allowed to remain in a ward where there are any other maladies, surgical or medical; and, secondly, let there be such improvements in the ventilation of all the wards and hospital apartments as will effectually prevent the presence or the continuance of an *epidemic typhic condition*. *An abundant and continual supply of fresh air dissipates and destroys the typhic poison.*

But the windows will be closed, the fire-places are already hermetically sealed in most wards, and, sad to say, nurses and patients alike cry out against fresh air; they are not accustomed to such air; surgical patients, consumptives, dyspeptics, and bed-ridden patients with organic maladies, will not endure and do not need such ventilation as the fever patients must have. For such, and for stronger reasons, the fever patients must be put into a domestic quarantine, and should be kept immersed and flooded in fresh air. And for fever wards there should be a specially rigid government, and *specially trained nurses*. This can only be thoroughly accomplished by establishing

a fever hospital. And we put the question to the Commissioners: If they ought not to open on the spacious islands under their charge a separate building for the reception and treatment of fever? A simple pavilion can be quickly constructed with full ventilation, which would insure a greater percentage of cures, and complete immunity of attendants from this fatal disease. Such a fever pesthouse is as much required as a separate building for the isolation of small-pox.

We know how vague and uncertain the practical knowledge of these considerations is among medical men; and because we are forced to witness most cruel and needless sacrifices of precious lives, in consequence of such inattention to momentous facts, we speak thus urgently. And we pray our medical brethren to lend their aid to the work of rooting out the fever nests of our crowded districts. Let them insist upon the removal and proper surveillance of all communicable sources of contagious fever, and soon we shall see each hospital establishing a separate and well isolated pavilion for the treatment of such fever; and not until such fever pavilions or "shanties" are substituted for fever wards, or promiscuous wards for typhic patients, will fevers cease to burst forth in our large hospitals; and while the fever demon of the crowded hospital holds carnivals, noble young martyrs will swell the immortal group of faithful physicians whose heroism in duty ennobles the history of the medical art, and to whose names the profession affectionately points and says:—*Hæc mea ornamenta sunt.*

THE WOMAN'S HOSPITAL.

THE annual meeting of this association was held Jan. 9, at No. 83 Madison avenue. Mr. Beekman, Chairman of the Board of Governors, thus spoke of the affairs of the Institution: "I have the pleasure to tell you that despite of delays which seem longer than they are, when the work accomplished is estimated justly, the hospital now possesses, by gift from the city, the block of ground bounded by 4th and Lexington avenues, 49th and 50th streets, free of all debts or incumbrance. More than \$50,000 have just been raised by donations, which entitle the Governors to receive \$25,000 from the Comptroller of the State of New York, and as soon as a further sum of \$50,000 shall be raised by donations, the State is pledged to pay to your Hospital twenty-five thousand dollars more. Seventy-five thousand dollars are therefore now secured; the foundation of one of four pavilions has been prepared, and the construction of a portion of the edifice sufficient for many more patients than can at present be cared for, will go forward." The report of the Treasurer showed the receipts of the year ending January 9th, to be \$7,619 47, including \$3,751 from donations, \$597 30 from the State, \$232 from subscriptions, \$2,462 75 from board of pay patients, while the expenses amount to \$6,929 14. Dr. Thomas Addis Emmett, Surgeon to the Hospital, reports that during the past year a number of patients have been readmitted, and discharged cured, cases which a few years ago had been deemed incurable. Through the skill and care of Drs. Thomas and Swift, with Dr. Winston's assistance, the number of outdoor patients treated during the year has been increased to six hundred and ten cases; the number treated in 1862 being about four hundred, and during 1861 some two hundred only. This portion of the service has been under their

exclusive charge, each serving on a different day, and by a division of labor it has become a most important feature in the institution. During the past year one hundred and ten patients have been under treatment in the Institution; of these forty-one cases have been discharged cured. In addition forty-two cases have been temporarily discharged as improved, but in fact are chiefly curable surgical cases, requiring several operations, and sent home to recuperate in the interval. Two cases have been discharged as incurable, and one death has occurred after the removal of a large fibrous tumor, but from an accidental cause, having no connexion with the operation, which was in itself a success. On the first of January, 1864, twenty-three cases remained in the Institution; five of these were at the time convalescing, and have since been discharged cured. Eighty-five surgical operations have been performed during the past year, the greater portion of which were of a severe character. The Institution has been entirely free from all epidemic complications so often following surgical operations in public and private practice. Whilst the aggregate number of patients admitted to the Institution has not increased, the fact must be offered in explanation that each year the cases admitted are found to be of a more difficult type; as an example, forty-three cases of Vesico-Vaginal Fistula were admitted. About two-thirds of these had been previously operated on by different surgeons. As the profession becomes more familiar with the operation, but few will seek admission, except those of a more hopeless character, requiring a long and tedious course for their relief.

A NEW HOSPITAL IN NEW YORK.

By the will of the late JAMES H. ROOSEVELT, Esq., about \$900,000 have been bequeathed for the establishment and endowment of a hospital in New York. The testator gives the fund in trust *ex-officio* to the President of the Society of the New York Hospital; of the College of Physicians and Surgeons; of the New York Eye Infirmary; of the Demilt Dispensary; of the New York Institution for the Blind, and four citizens, mentioned by name. No restrictions are placed upon the Trustees in regard to the locality or character of the hospital. The fund being ample, we hope to see in New York a hospital which in every particular answers the latest requirements of sanitary science in hospital construction. As at present constructed and managed all our hospitals are great foci of contagion, great pesthouses, and fever nests. They are too often located in thickly populated parts of the city, or have sought localities where they are soon to be enveloped by a dense population; they are constructed of bricks and mortar, with much concern about warmth, but no thought of fresh air; diseases of various descriptions are crowded together with little regard to their reaction upon each other. This is radically wrong, and productive of more human suffering than it relieves. Let us have one general hospital located and constructed with sole regard to the rapid recovery of its inmates. To accomplish this object it must be located where earth, air, and all the surroundings promote health; and it must be so constructed as to concentrate within its interior every health-giving influence. All experience proves that such a hospital should be located without the city limits, and should be composed of one or at most two-story pavilions, so arranged as to give the largest exposure to sun and winds. We have one further suggestion to

make, and that is:—Establish the precedent of paying the medical officers liberally for their services.

A COURT-MARTIAL FOR THE SURGEON-GENERAL.

It is stated that the President has summoned a court-martial to investigate the charges against Surgeon-General HAMMOND. We trust this investigation will be thorough and impartial. We have had many intimations that our recent strictures were just, so far as they related to the thoroughly partisan character of the Commission which has been seeking official corruption in the Medical Department. Let this investigation be fair and impartial, and if fraud exist let it be traced to its proper source, and let the punishment fall upon the responsible party.

Reviews.

OUTLINES OF THE CHIEF CAMP DISEASES OF THE UNITED STATES ARMIES, AS OBSERVED DURING THE PRESENT WAR. A Practical Contribution to Military Medicine. By JOSEPH JANVIER WOODWARD, M.D., Assistant-Surgeon U.S.A.; Member of the Academy of Natural Sciences of Philadelphia; of the Pathological Society of Philadelphia, etc., etc. 8vo., pp. 361. Philadelphia: J. B. Lipincott & Co. 1863.

THE remarkable industry and energy, as well as the soldierly qualities of endurance and patient toil, which the better class of our military surgeons is exhibiting in the medical service of the Federal Army will be mentioned in all countries as an honor to our profession, and as testimony to the high and ennobling views which the true physician takes of professional and patriotic duty. DR. JANVIER WOODWARD, the author of this carefully prepared treatise on *Camp Diseases*, is an Assistant-Surgeon in the army, and having been officially detailed to the work of preparing the "Medical History of the War," the duties of his appointment have brought before him for study and analysis all the official reports and special returns of the army medical service, both in the field and in hospitals. That in the course of this important duty as Medical Historian of the War, Dr. Woodward should have found a vast amount of practically important matter that should be immediately contributed to the medical literature of our country, and that he should have found in the accumulated reports before him many evidences of a want of such a treatise as he has prepared upon camp diseases, was to be expected; but we confess that such a goodly volume as the one before us, at this hurrying period of the war, is scarcely less surprising than gratifying.

In prefacing his treatise, the author states that—

"The importance of the affections referred to in the following pages, the vast numbers of human lives exposed to them, and the fact that in this country, now making war on a great scale for the first time in the present generation, camp diseases are in many respects new to those called upon to treat them, are considerations which in themselves alone might justify this attempt to grapple with the problem of the mortality of armies in America."

The subjects considered in this volume, are arranged under the following heads:—

CHAPTER I.—Introductory, and a Review of Questions relating to the Classification and Statistics of Diseases in our Army.

CHAPTER II.—Determining Conditions—Malarial Influence, Crowd Poisoning, the Scorbutic Taint.

CHAPTER III.—Camp Fevers—Typho-Malarial Fever, Diseases that may be confounded with it.

CHAPTER IV.—Intermittent Fevers—Simple Intermittents, Congestive or Pernicious Intermittents.

CHAPTER V.—Jaundice.

CHAPTER VI.—Camp Diarrhoea.—Simple Diarrhoea, Acute Enteritis, Acute Dysentery, Chronic Diarrhoea.

CHAPTER VII.—Camp Diseases.

CHAPTER VIII.—Catarrh.

CHAPTER IX.—Pneumonia.

CHAPTER X.—Pseudo-Rheumatic Affections.

Though DR. WOODWARD treats these subjects mainly from the stand-point of a skilled and logical analyst of the accumulated experience and reports of medical officers on active service in the camps and hospitals, he also writes from personal observation, and in his chapters upon the leading maladies of our camps as observed by himself during the Peninsula campaign, viz. *the Scorbatic Taint, Typho-Malarial Fever, and Camp Diarrhoea*, he writes with great force and clearness.

Under the head of *malarial influence* the author makes a statement which, though not new, is particularly worthy the more exact and rigid inquiries of practitioners in their study of the phenomena and the etiological causes of the blending and transformation of *typhs* in fevers. He says—

"Intermittents may pass into remittents, and remittent fever may become continued in the same patient and during the same attack; the frequency of this transformation increasing in southern latitudes, and the reverse also taking place, continued fevers passing into remittents, and these into intermittents, especially when patients suffering from them are transported to a more northern climate."

"Crowd-poisoning" is justly recognised by the author as one of the most perilous and widely acting sources of fatal fevers in camps; and, acting in connexion with the *scorbatic taint*, and bad *camp-police*, he regards it as a constant element in the production of the *typhoid fever* of the camp.

"During the present war the number of cases reported under the head of typhus and typhoid fever has prodigiously increased, 22,801 cases having been reported during the year ending June 30th, 1862, in an annual mean strength of 281,177 men, being 81.1 cases per thousand of mean strength, or about 8 per cent. It is true, as will be seen hereafter, that the great majority of this host of cases were far from being merely the simple uncomplicated enteric or typhoid fevers of civil life. They were variously complicated with malarial or scorbatic phenomena or both, and this oftentimes to such a degree as to compel the recognition of a mixed type of disease deserving even a new name. Yet in general adynamic characters, and in the nature of the intestinal lesion, the camp fevers of the army have presented so many analogies to typhoid fever as to show that the causes which produce that affection in civil life were operating in full force, although the resulting pathological condition was modified by the operation of other morbid influences.

"These causes are especially to be sought in overcrowding, imperfect ventilation, and want of cleanliness, or—as it is characteristically termed by army surgeons—bad police. These three conditions are usually associated, and may be designated by the single term 'crowd poisoning.'"

A striking illustration is given of the fatal power of crowd-poisoning in crowded transports, a source of evil that should no longer be left to the caprice of quartermasters and army contractors, as has hitherto been the case in all our great coastwise expeditions.

"Surgeon J. H. Brinton, U.S.V., has informed the author that in March, 1862, a few weeks after the capture of Fort Donelson, the army of General Grant embarked in some seventy steamboats of every size, under command of General C. F. Smith, to ascend the Tennessee River. From deficiency of transportation they were crowded into the boats with but little regard to sanitary precautions. Circumstances compelled this force to remain some ten days or two weeks. During this period the fever cases increased greatly in numbers, and assumed a degree of severity which caused considerable uneasiness to the medical officers of the expedition. Immediately after their disembarkation, however, the fever diminished materially in both the number and severity of the cases. Facts of this class might be multiplied to any extent, but this single illustration must here suffice."

The *scorbatic taint*, that lurks like a demon in all great

armies when campaigning, has sorely smitten our brave forces during several of their more important campaigns, but no army of equal numbers, probably, has suffered less or been so promptly and so generously rescued from such peril. And in this good work of hunting the demon of scurvy from the Federal camps, the people of the North have taken an intelligent and most generous interest. Had the Sanitary Commission no other claim to public confidence and gratitude, this alone is sufficient, for, wherever it has discovered the dangerous foot-prints of this Protean enemy of the soldier, it has quickly and at any cost rushed to the rescue with sovereign specifics from the vegetable gardens of the people. DR. WOODWARD says he

"Is well satisfied, from personal observation, that both as a distinct affection in its early stages, and as a complicating influence, affecting the other camp diseases of the army, scurvy has hitherto played a large part in the phenomena of disease in the Eastern armies and conversation with many of the leading medical officers of the armies of the West has satisfied him that the phenomena there presented have been in this respect so precisely similar that if his interpretation is correct for these it must apply to those."

Like all other practical men who have had to deal with the *scorbatic taint* in the management of all classes of patients and diseases affected by it, our author recognises no other certain remedy than that which removes the ruling cause, viz. *sameness of diet*, and *absence of fresh vegetables*. Potash-salts, chalybeates, and lime-juice are but palliatives, not remedies and preventives. We thank DR. WOODWARD for very plainly stating the *material* and the *official* cause of the suffering to which our troops have been exposed from scurvy; for it is so customary for public men and military officials to boast of the excellence and excess of the army ration, that to reform the defects and evils actually imperilling the best armies in the field, requires no small degree of intelligence and determination. We can bear testimony to the truth and the vital importance of the following statements upon this subject:

"It is true that, by the act of Congress improving the ration during the present rebellion, it is ordered that one pound of potatoes per man shall be issued at least three times a week if practicable; but difficulty of transportation and many other causes, some of them perhaps unavoidable, have interfered with the complete execution of this wise provision. It may be unhesitatingly affirmed that the issue of potatoes has hitherto, as a general rule, been rare and incomplete, not only with troops on the march and in remote posts, but in the great encampments of the largest armies, even so situated that want of transportation was no available excuse.

"The potatoes, thus imperfectly supplied, are the only fresh vegetables directed by law to be furnished to the troops, and although the commissary department has availed itself of the general provision, which authorizes that the equivalent of any of the ingredients of the ration may for convenience or necessity be substituted, and furnished *onions* occasionally instead of potatoes, yet the issue of onions has been still more limited than that of potatoes.

"Desiccated vegetables, it is true, have generally been available and furnished in sufficient quantities; but at the best these are only an imperfect substitute for the fresh articles, and a want of care in cooking them has caused them to be regarded with dislike by the men, who often neglect to use them when furnished, so that even the benefit which they are capable of producing has not been enjoyed. * * *

"The general criticism, then, which may be made upon the ration of the American soldier, is that, as practically issued, it is deficient in fresh vegetables, and that in view of this deficiency it is not surprising that a certain amount of slight scorbatic disease exists among our troops. That it has not done so to a greater extent is due to the liberal character of the ration in other respects, especially in the allowance of fresh meat, which has been freely used,—cattle being driven with our armies in all their large movements. In fact, while criticising what he believes to be the chief deficiency of our ration, the author is freely willing to acknowledge it to be in many respects the most liberal and best constituted army ration in the world. The full allowance of meat and of bread is even perhaps too

liberal, and might be economized to advantage for the purpose of supplying vegetables. This point is insisted upon because it is believed that the surgeons of regiments in the field, with the co-operation of the line officers, can do much to effect an improvement in this respect, and to prevent the outbreak of scorbutic affections, even under existing laws, and without any alteration in the present ration."

The army surgeon, and, in fact, all practising physicians, will read with profit our author's chapter on the *scorbutic taint*; and with scarcely less interest will they study the elaborate and very practical discussions which this treatise contains upon the *Typho-Malarial* or *Camp Fever*, the most fatal disease of our armies. We attempt no analysis of the sections which the author has devoted to this most important and composite malady, as every physician is liable to be burdened with the responsibility of treating lingering or non-convalescent cases of this fever in soldiers on leave at home as well as in hospitals, and for this reason, if for no other, should read this chapter of the book for himself.

Though the author has deemed it expedient (and happily we think), to give to the prevailing fever of our camps a new and significant name, he states the etiological facts clearly and in familiar terms when he says:—

"On the one hand, typho-malarial fever is not to be regarded as a new disease in the ordinary acceptance of the term, that is, as an affection characterized by some new pathological element. Nor, on the other hand, is it just to look upon it merely as a modified enteric fever, since the malarial and scorbutic phenomena which accompany it are predominant in many cases—perhaps, on the whole, in the greater number. Much rather should it be considered simply as a new hybrid of old and well known pathological conditions, in which the exact train of symptoms is as variable as the degree of preponderance attained by each of the several concurring elements."

A malady that is acknowledged to produce one third of all the deaths from disease in our armies, and which certainly is preventable, is abundantly worthy the extended notice which it receives in the treatise before us. And this remark applies with relative force to the author's chapters upon the diarrhoeal diseases of camps, and to measles, pneumonia, and rheumatism, all of which are treated in an exceedingly practical and suggestive way.

(To be Continued.)

Army Medical Intelligence.

ORDERS, CHANGES, &c.

Surgeon B. A. Clements, U.S.A., now on duty with the Army of the Potomac, to report in person to the commanding General, Department of the East, to relieve Assistant-Surgeon J. W. S. Gouley, U.S.A., in charge of Central Park General Hospital; Surgeon Gouley to report for duty to the commanding General Army of the Potomac.

Assistant-Surgeon W. H. Forwood, U.S.A., on account of a severe wound, is relieved from duty in the Army of the Potomac, and will report in person without delay to the commanding General, Department of the East, to the Satterlee General Hospital.

Surgeon Silvanus D. Freeman, U.S.V., is relieved from duty in the Middle Department, and will report in person to the commanding General, Department of the North-West, for assignment to duty.

Surgeon L. H. Holden, U.S.A., has been ordered to proceed without delay to Wilmington, Del., and report in person for examination to Major General McDowell, President of the Retiring Board, convened by Special Orders No. 807, July 11, 1883, from the War Department.

Hospital Steward N. Hunter, U.S.A., has been relieved from duty at Lowell General Hospital, Portsmouth Grove, R. I., and will report in person to the commanding General, Department of the Pacific, for assignment to duty.

Surgeon John H. Kaneh, U.S.V., now on duty in the Department of the Gulf, as Medical Director, 19th Army Corps, is relieved from duty in that Department, and will report in person without delay to the Surgeon-General of the Army, at Washington, D. C., for orders.

Surgeon James C. Fisher, U.S.V., recently restored, will report in person to the commanding General, Department of the Gulf, for assignment to duty.

Surgeon Gideon S. Palmer, U.S.V., now waiting orders at Carlisle Barracks, Pa., will report in person without delay to the commanding General of the Department of the Missouri, and by letter to Assistant Surgeon-General Wood, at Louisville, Ky.

Assistant-Surgeon Joel Leavens, U.S.V., recently appointed, will report without delay, by letter, to the commanding General, Department of the East, for duty at Fort Warren, Boston, Mass.

Assistant-Surgeon George L. Cornell, 1st Michigan Sharpshooters, hav-

ing tendered his resignation, is honorably discharged the service of the United States, upon condition that his record shall be clear upon the November and December rolls of his regiment, and that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

At the request of the Governor of New Jersey, Assistant-Surgeon William W. Howley, 2d New Jersey Cavalry, is honorably discharged the service of the United States, to date December 4, 1883, to enable him to accept an appointment as an officer in another regiment.

The following officers examined by a Military Board, and an adverse report thereof in their respective cases having been approved by the President, are discharged the service of the United States in accordance with Section 10, of the Act of Congress, approved July 22, 1861:—

Surgeon B. Bettelheim, 106th Illinois Vols.

Surgeon D. W. Robinson, 40th Iowa Vols.

Medical Inspector R. H. Coolidge, U.S.A., will at once repair to Knoxville, Tenn., and examine into and report upon the sanitary condition of the United States Troops, at or near Knoxville. Upon the completion of this duty, Medical Inspector Coolidge will at once return to this city, and report in person to the Surgeon-General of the Army.

Leave of absence for fifteen days has been granted Surgeon C. N. Chamberlain, U.S.V.

So much of Special Orders No. 564, current series, from the War Department, as discharged Surgeon John J. Marks, 18th Pennsylvania Cavalry, for physical disability and absence without leave, is so amended as to omit the charge of absence without leave.

The following changes have been made in the Purveying Department:—

Surgeon Charles McCormick, U.S.A., Medical Director, Department of Va. and N.C., assumes the additional duties of Medical Purveyor of that Department, relieving Assistant Surgeon J. H. Frautz, U.S.A., who relieves Surgeon K. P. Morong, U.S.V., as Medical Purveyor, at Newbern, N. C.; Surgeon Morong to report for duty at Headquarters when relieved.

Surgeon Henry A. Martin, U.S.V., is relieved from duty at Pilot Knob, Mo., and will proceed without delay to Fort Monroe, Va., and report in person for duty to Major-General Butler, U.S.V., Commanding Department of Virginia and North Carolina.

Surgeon Gustavus Stegman, 6th U. S. Colored Troops, is relieved from duty in the Department of the Cumberland, and will report to the Surgeon-General of the Army in this city, for orders.

Surgeon S. G. J. DeCamp, U.S.A., has been relieved from duty at Watervliet Arsenal, N. Y.

An extension of ten days has been added to the leave heretofore granted to Assist-Surgeon A. M. Parker, 1st Maine Cavalry, and Surgeon L. Holbrook, 18th Connecticut Vols.

Upon the recommendation of a Board of Officers, convened by Special Orders No. 285, June 27, 1883, from the War Department, Act-Assist-Surgeon Alexander B. Tablock, 4th Tennessee Vols., is honorably discharged the service of the United States, on account of physical disability.

Surgeon D. W. Hartshorn, U.S.V., recently in charge of the Gayoso Hospital at Memphis, Tenn., is on leave of absence at Urbana, Ohio.

In addition to his duties as Health Officer, Surgeon Henry J. Churchman, U.S.V., has been assigned to duty as Post-Surgeon at Vicksburg, Missouri.

Assistant-Surgeon J. Q. Adams, U.S.V., has been relieved from duty at Las Cruces, N. M., and assigned to Fort Cummings, Arizona.

Surgeon J. E. Herbst, U.S.V., Surgeon-in-Chief, 24th Division, 12th Corps, Army of the Cumberland, has withdrawn his resignation, and is on leave of absence at Hagerstown, Md.

Surgeon Henry Buckmaster, U.S.V., has been assigned to duty as member of the Board for the examination of Surgeons and Assistant-Surgeons of Colored Troops.

Dr. Mills O. Carter of Massachusetts, has been appointed Assist-Surgeon, 19th U. S. Colored Troops; and Dr. C. Miller of Washington, D.C., Assist-Surgeon, 8th U. S. Colored Troops.

Assistant-Surgeon J. W. Applegate, U.S.V., has been assigned to the Field Hospital, Morris Island, S. C.

Assistant Surgeon Samuel Hart, U.S.V., has been relieved from duty with the 16th U. S. Infantry, and placed in charge of the 11th Division, General Hospital, Murfreesboro', Tenn.

General Hospital, No. 1, Vicksburg, Miss., has been closed; Surgeon L. C. Rice, recently in charge, is awaiting orders.

Surgeon A. P. Meylert, U.S.V., lately on duty as Medical Purveyor, at Louisville, Ky., has tendered his resignation, and is on leave of absence at Scranton, Pa.

Surgeon Howard Culbertson, U.S.V., has assumed charge of the Harvey General Hospital at Madison, Wis. Assistant-Surgeon Francis L. Town, U.S.A., recently in charge, has been ordered to report in person at the Office of the Assist-Surgeon-General, at Louisville, Ky.

Surgeon J. L. Teed, U.S.V., has been relieved from General Hospital No. 1, and assigned to General Hospital No. 4, Chattanooga, Tenn.

Surgeon James McCormick, U.S.V., has arrived at Fort Monroe, Va., and entered upon his duties as Medical Director, Department of Virginia and North Carolina.

Surgeon Jabez Perkins, U.S.V., is in charge of General Field Hospital, Chattanooga, Tenn.

Assistant-Surgeon Charles F. Brisbane, U.S.V., has been assigned to duty with the 1st U. S. Cavalry, Reserve Brigade, Army of the Potomac.

Surgeon J. H. Taylor, U.S.V., to duty in charge of General Hospital, Summit House, Philadelphia, Pa.

Surgeon F. N. Burke, U.S.V., has been transferred from Jefferson Hospital, Gatoyoso Hospital at Memphis, Tenn.

Surgeon-General William A. Hammond, U.S.A., in stepping into his carriage at Nashville, Tenn., on the point of departing thence to Knoxville, Tenn., slipped on the steps, and fell, severely injuring his spine. He was confined to his bed when last heard from, his lower limbs being partially paralysed.

Surgeon Enoch Pearce, U.S.V., absent on sick leave, has been ordered before the Board in session at Cincinnati, Ohio, for the examination of sick officers.

Assistant-Surgeon William A. Banks, U.S.V., absent on sick leave, has been ordered before the same Board.

Surgeon William Varian, U.S.V., is on leave of absence at Hampton, Conn.

Surgeon C. F. H. Campbell, U.S.V., is on sick leave at Philadelphia, Pa.

Surgeon Jno. E. McDonald, U.S.V., is on sick leave at New York city.

A. P. Esselborn, of Cincinnati, Ohio, and Charles E. Sanborn, of Boston, Mass., have been appointed Medical Cadets U.S.A.

William Gardiner, of Philadelphia, Edward S. Fletcher, of Boston, Mass., James Blakey, of Kansas, Frederick Johnson, of Pennsylvania, Albert Gray, of Pennsylvania, Charles C. Bailey, of Massachusetts, Louis H. Nesmith, of New Hampshire, and Frederick Higman, of Louisiana, have been appointed Hospital Stewards, U.S.A.

Surgeon George H. Oliver, U.S.V., has been assigned to duty at Messina, N. M., to relieve Surgeon William H. McKee, 5th Infantry California Vols., as Medical Purveyor of the District of Arizona.

Surgeon S. D. Turney, U.S.V., has reported for duty at Nashville, Tenn.

Surgeon H. A. Schlaeflin, U.S.V., is in charge of the Eruptive Fever Hospital, Baton Rouge, La.

Surgeon Geo. S. Courtwright, U.S.V., has been assigned to duty at Fort Sumner, N. M.

Act. Assistant-Surgeon J. C. H. Hobbs, U.S.A., has been appointed Surgeon of the 12th Pennsylvania Cavalry.

Surgeon A. C. Schwarzwelder, U.S.V., has been directed to report to the Medical Director, Louisville, Ky.

Surgeon D. G. Britton, U.S.V., has been assigned to duty as Medical Director, 11th Army Corps, Army of the Cumberland.

The U.S. General Hospital and Convalescent Camp, at Camp Nelson, Ky., will hereafter be known as the Nelson General Hospital and Nelson Convalescent Camp.

Surgeon L. C. Rice, U.S.V., has been ordered to report to the Assistant Surgeon-General at Louisville, Ky.

Surgeon S. W. Gross, U.S.V., is on leave of absence at Philadelphia, Pa.

Surgeon D. W. Hartshorn, U.S.V., has been ordered to report to the Medical Director at Louisville, Ky., for temporary duty while awaiting acceptance of his resignation.

Surgeon J. M. Robinson, U.S.V., has been assigned to duty as Surgeon-in-Chief, 2d Division, forces in Western Virginia.

Surgeon George S. Rose, U.S.V., has arrived at Santa Fé, N. M., and reported for duty to Brig.-General Carleton, commanding.

Surgeon B. B. Breed, U.S.V., has received permission to remain at Lynn, Mass., while settling his accounts as Medical Purveyor of the Department of North Carolina.

Surgeon J. H. Baxter, U.S.V., has been relieved from duty in the Campbell General Hospital, in this city, and will report in person without delay to the Provost Marshal-General of the United States, for special duty with Invalid Corps, relieving Medical Inspector K. H. Coolidge, U.S.A., who will thereupon report to the Acting Surgeon-General for duty.

The following assignments of medical officers have been made:—

Surgeon Cyrus N. Chamberlain, U.S.V., to report to the commanding General, Army of the Potomac, to relieve Surgeon Charles O'Leary, U.S.V., Medical Director, 6th Army Corps. Surgeon O'Leary, on being relieved, will report to the commanding General, Department of the Susquehanna, for duty.

Surgeon Charles L. Allen, U.S.V., to be relieved from duty as member of the Army Medical Board, now in session at Washington, D. C., and to report to the Major-General commanding Army of the Potomac, to relieve Surgeon Thomas Sim, U.S.V. Surgeon Sim, on being relieved, to report to the commanding General, Middle Department, for duty in General Hospital at Baltimore, Md.

Assistant-Surgeon E. W. Pease, U.S.V., now on duty at Baltimore, Md., to report to the Major-General commanding Army of the Potomac, to relieve Surgeon George L. Hancock, U.S.V., Medical Director, Cavalry Corps. Surgeon Hancock, on being relieved, will report in person to the Surgeon-General for orders.

Assistant-Surgeon A. B. Chapin, U.S.V., now on duty at General Hospital, Annapolis Junction, Md., to report to the Major-General commanding Department of Virginia and North Carolina, to relieve Assistant-Surgeon H. C. Parry, U.S.A. Assistant Surgeon Parry, on being relieved, to report in person to the commanding General, Department of the Susquehanna, for hospital duty.

Surgeon George Suckley, U.S.V., will proceed at once to Louisville, Ky., and report in person to Lieutenant-Colonel S. H. Lathrop, Assistant Inspector-General, 22d Army Corps, President of the Board convened by Special Orders No. 414, September 15, 1863, from the War Department, to relieve Assistant-Surgeon John T. Kelly, U.S.A., as a member of said Board.

Assistant-Surgeon Kelly, on being relieved, will report in person without delay to the commanding General of the Department of Missouri, for assignment to duty with the Army of Arkansas, and by letter to Assistant Surgeon-General Wood, at Louisville, Ky.

Surgeon Thomas McMillin, U.S.A., will report in person without delay to the commanding General, Army of the Potomac.

A Board, to consist of Colonel William H. Brown, Invalid Corps, and Surgeon J. H. Baxter, U.S.V., is appointed to meet on the 6th inst. at Convalescent Camp, near Alexandria, Va., for the purpose of examining all men sick at said Camp, with a view to their being sent to their regiments, transferred to the Invalid Corps, discharged, or sent to General Hospitals as may be proper. The Board will be governed by General Orders No. 112, Adjutant-General's Office, of 1863, and in their selection of men and organization of Invalid Companies by such special instructions as they may receive from the Provost Marshal-General. The commanding officer of the Convalescent Camp will afford to the Board every facility in his power, in selecting and organizing Invalid Companies. Such enlisted men as may be found by the Board unfit for field service, or not proper subjects to be sent to General Hospital for treatment, and unfit for the Invalid Corps, will be discharged by the Department Commander on surgeon's certificate of disability. All men found fit for field service will be at once forwarded to their regiments.

A Board of Officers is convened to assemble in Washington, D. C., on Tuesday, January 12, 1864, at 10 o'clock, A.M., or as soon thereafter as practicable, for the examination of Officers of the Invalid Corps, and of candidates for appointment into the Corps. The Board will be governed by such regulations and instructions as may be prescribed by the Provost Marshal-General. Detail for the Board, Surgeon J. H. Baxter, U.S.A.

Medical News.

DEATH OF DR. EUGENE O. ROWE, M.D.

DEPARTMENT OF PUBLIC CHARITIES AND CORRECTION, }
No. 1 BOND STREET, NEW YORK, Jan. 12, 1864. }

At a meeting of the Commissioners of Public Charities and Correction, held this day, at the Office—present, Commissioners Draper, Bell, Nicholson, and Grinnell—the following resolutions were adopted:—

Resolved, That the Commissioners of Public Charities and Correction learn with deep sorrow the death of Dr. E. O. Rowe, House Surgeon at Bellevue Hospital, and tender our sincere sympathies to his family and friends.

Resolved, That a copy of the foregoing be transmitted to the family of the deceased.

Extract from the minutes.

JOSHUA PHILLIPS, Clerk.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—At a meeting of the Class, held in the College Hall of the Bellevue Hospital Medical College, on Wednesday, Jan. 13, 1864, a Committee was appointed to draft resolutions, of which the following is a copy:—

B. C. GOODRICH, Jr., Secretary.

BELLEVUE COLLEGE, Jan. 13, 1864.

Whereas, It has seemed good to Almighty God to call from life, while in the earnest performance of his duties, DR. EUGENE O. ROWE, member of the graduating Class, and connected with the Medical Staff of Bellevue Hospital; therefore, we, the members of the Class, in token of the heartfelt respect and appreciation in which we hold his memory, do hereby resolve.

1st. That we are called upon to mourn the loss of one whose rare talents, whose zeal and industry, and whose enthusiastic love of science had already borne fruit in an opening career of usefulness, and who, had life been spared him, promised to stand in the foremost rank of the profession of his choice.

2d. That in his death we recognize and applaud the rare fidelity with which he devoted himself to his duties, the unselfish spirit which made him ever ready to watch and labor for the sick and suffering, and the Christian heroism which rendered him indifferent to his own danger while contributing to the relief of others.

3d. That we offer our warmest sympathy to the bereaved family of the deceased.

4th. That, as a last tribute of respect to his memory, we will attend his funeral in a body.

5th. That a copy of these resolutions be sent to the family, and that they be furnished the AMERICAN MEDICAL TIMES and the daily papers for publication.

WM. C. HARRISON, JR., Chairman.

W. T. LISK,

JAMES T. YOUNG,

L. L. TOZIER, } Committee.

At a meeting of the Bellevue Medical Union, composed of the Hospital Staff, held Jan. 13, 1864, the following resolutions were unanimously adopted:—

Whereas, It has pleased God, through pestilential disease, to deprive us of the kind presence of our dear friend and colleague, DR. EUGENE O. ROWE.

Resolved, That we bear witness to his superior talents, his cultivated mind, and the high sense of honor which prompted him to sacrifice his life in the performance of professional duty with the cheerfulness of one who did not fear to die.

Resolved, That we shall ever love to remember the endearing qualities of truth, manhood, and gentleness which blended to form his character.

Resolved, That we desire to express our warm sympathy with the family of our dear friend and brother, feeling that their loss is ours, and praying that they may find consolation in Him who is able to bind up that which hath been broken.

ENILIO L. MC LA, M.D.,

S. D. WADSWORTH, M.D., } Committee.

GEORGE ENGS, M.D.,

DEATH OF DR. JAMES W. DICKIE.

At a meeting of the Medical Staff of the De Camp General Hospital, at David's Island, N. Y. H., held on the evening of January 5, 1864, the following preamble and resolutions were unanimously adopted:—

Whereas, It has pleased Almighty God to remove by death our late associate Dr. James W. Dickie, a member of the Medical Staff of this Hospital, therefore be it

Resolved, That in his death we feel that this Hospital has lost a most efficient medical officer; the profession an enthusiastic and untiring disciple; and the medical staff a friend, whose memory we shall cherish with feelings of profound respect.

Resolved, That we do hereby tender to the afflicted family of the deceased our heartfelt sympathy in their bereavement.

Resolved, That the members of the Medical Staff of this Hospital, as a public testimonial of regard and respect for the memory of our deceased friend, wear the usual badge of mourning for ten days.

Resolved, That a copy of these resolutions be transmitted to the bereaved family, and, also, that they be inserted in the New York MEDICAL TIMES.

On behalf of the Staff,

GEORGE BADGER, M.D.,

A. NORTON BROCKWAY, M.D., } Committee.

W. C. PRYER, M.D.,

DE CAMP GENERAL HOSPITAL, JANUARY 6, 1864.

COMMUNICATIONS HAVE BEEN RECEIVED FROM:—DR. S. C. FOSTER, of New York; DR. P. J. FAIRBANKS, LYONS, IOWA; DR. E. M. SKOW, of Providence, R. I.; DR. S. D. WILLARD, of Albany, N. Y.; DR. E. P. BENNETT, of Danbury, Ct.; DR. N. M. DORRAN, of Memphis, Tenn.

PUBLICATIONS RECEIVED:—Statement of the Object and Methods of the Sanitary Commission, New York.

MARRIED.

FLAGG—BOGAET. On Wednesday, January 6, by the Rev. P. P. Irving, SAMUEL D. FLAGG, JR., M.D., United States Navy, to MARY C., daughter of DR. S. N. E. BOGART, of New Brighton, Staten Island.

CALDWELL—LORE. On Tuesday, January 5, by the Rev. Dr. Hawks, in Baltimore, Surgeon JNO. J. CALDWELL, of McDougall General Hospital, to MISS ANNA R. LORE, of Baltimore.

SNIVELY—BARR.—On the 24th of December, at the residence of the bride's father, near Waynesboro', Pa., by the Rev. W. K. H. Deatrich, L. N. Snively, M.D., of Chambersburg, Pa., and Miss Alice B. Barr, eldest daughter of A. Barr, Esq.

HUTCHINS—PELTON.—In Poughkeepsie, N. Y., Dec. 16th, by Rev. J. L. G. McKOWN, Alexander Hutchins, M.D., of Brooklyn, L. I., late Surgeon in U.S. Navy, and Mary, daughter of C. E. Pelton, Esq., of Poughkeepsie.

ROGERS—LEWIS.—On Tuesday, Dec. 22, by Rev. A. B. Hart, J. H. Rogers, M.D., of the City of New York, and Miss Julia A. K., daughter of Samuel Lewis, of Goshen, Orange County, New York.

YARROW—CRAIG.—At Grace Church, Phila., Dec. 29, 1863, by Rev. Wm. Suddards, D.D., Thos. J. Yarrow, M.D., and Tillie, daughter of Thos. H. Craig, Esq., all of that city.

OSTRANDER—WILLIAMSON. On Wednesday, January 13, at the North Dutch Reformed Church, corner of Fulton and William streets, by the Rev. Dr. Harlanburgh, GEORGE A. OSTRANDER, M.D., of Brooklyn, to MARIA W., daughter of Stephen H. Williamson, Esq., New York.

QUINBY—SNEED. At Grace Church, on Tuesday, January 12, by Rev. Francis Vinton, D.D., DR. GEORGE A. QUINBY, M.D., of Morristown, N. J., to MARY GAMBLE, eldest daughter of John Sneed, of Brooklyn, L. I.

DIED.

DICKIE.—At the De Camp General Hospital, David's Island, N. Y. H. on the morning of January 4, 1864, JAMES W. DICKIE, Act. Assistant-Surgeon U.S.A.

CHIEW.—In Baltimore, on Dec. 25, Prof. Samuel Chew, M.D., Professor of Principles and Practice.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 4th day of January, 1864, to the 11th day of January, 1864.

Deaths.—Men, 114; women, 116; boys, 126; girls, 181; total, 437. Adults 230; children, 207; males, 240; females, 247; colored, 8. Infants under two years of age, 164. Children born of native parents, 87; foreign, 212.

Among the causes of death we notice:—Albuminuria, 7; apoplexy, 7; infantile convulsions, 48; croup, 28; diphtheria, 19; scarlet fever, 27; typhus and typhoid fevers, 26; consumption, 74; small pox, 0; measles, 8; dropsy in head, 13; infantile marasmus, 22; inflammation of brain, 9; of bowels, 10; of lungs, 50; bronchitis, 13; diarrhoea and dysentery, 7. 259 deaths occurred from acute diseases, and 40 from violent causes. 311 were native, and 176 foreign; of whom 116 came from Ireland; 46 died in the City Charities; of whom 15 were in Bellevue Hospital, and 1 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Jan. 1864.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
3d.	5	8.2	30.20	N.W.	23	4	30.14	S.W.	17	3	30.11	S.W.
4th.	15	24.1	29.80	N.E.	24	3	30.05	N.W.	23	2	30.01	N.W.
5th.	15	24.1	29.80	N.E.	27	3	29.61	N.W.	29	3	29.81	"
6th.	8	9.2	30.10	S.W.	20	3	30.11	S.W.	16	3	30.16	N.W.
7th.	7	8.2	30.30	N.W.	17	3	30.24	N.W.	14	1	30.21	N.E.
8th.	4	6.1	29.90	N.E.	14	3	29.94	S.W.	10	2	29.97	S.W.
9th.	3	6.2	29.91	S.W.	15	3	29.93	"	13	"	29.91	"

REMARKS.—3d. Mostly clear. 4th. Cloudy, with fresh wind; light snow at night. 5th. Light snow A.M.; sleet at noon; clearing at sunset. 6th. Clear, with fresh wind. 7th. Clear till 3 P.M.; sunset obscured; snow at night. 8th. Snow early; about five inches on a level; day mostly clear with fresh wind. 9th. Clear with fresh wind.

NOTE.—When the outdoor temperature is freezing, the degree of evaporation is calculated with dilute alcohol.

SPECIAL NOTICES.

SECTION OF THEORY AND PRACTICE AND MEDICAL PATHOLOGY OF THE NEW YORK ACADEMY OF MEDICINE.—A Stated Meeting of this Section will be held at the house

of the Chairman, Dr. H. D. BULKLEY, No. 42 East 22d St., on Thursday next, 21st inst., at 8 o'clock P.M. The usual discussion of cases of interest.

THE NEW YORK ACADEMY OF MEDICINE will hold its Regular Meeting on Wednesday Evening, January 20, at 8 o'clock. DR. J. R. WOOD will read his Paper on Necrosis and Reproduction of Bone. DR. J. T. METCALFE will present a Paper on some points in Practical Medicine.

Extract of Hamamelis Virginica, OR WITCH-HAZLE.

The attention of the Profession is called to our elegant distillation from the young twigs of Witch-Hazel.

For inflammatory conditions, such as excessive congestion of the conjunctiva, varicose veins, hemorrhoids, all hemorrhages, whether of the nose, uterus, or from wounds, the extract of Witch-Hazel will be found invaluable.

For sale in bulk or in bottles of 32 oz., 16 oz., 8 oz., 4 oz., by
CASWELL, MACK & CO.,
Under Fifth Avenue Hotel.

Medical Society of the State of New

YORK.—Pursuant to Statute the Fifty-Seventh Annual Meeting of the Medical Society of the State of New York will be held in Albany, on the first Tuesday in February (2d prox.), 1864.

The Society will be in session Tuesday, Wednesday, and Thursday, the 2d, 3d, and 4th prox.

Punctual attendance is requested.

SYLVESTER D. WILLARD,
Secretary.

Dr. E. Ringer, having devoted him-

self to the investigation and application of Electricity as a remedial agent for the last thirteen years, and being duly qualified as well by his scientific attainments as by his great experience to apply it in the most effectual manner, brings this fact to the notice of the profession. Patients sent to him for this mode of treatment, will otherwise remain under the charge of their attending physicians. His business is free from all charlatanism and quackery.

141 FOURTH AVENUE.

Medical Department of the Univer-

sity of Vermont.—The next Annual Course of Lectures will commence the last Thursday, being the 25th, of February, 1864, and will continue sixteen weeks.

Medical Faculty.

REV. JOSEPH TORREY, D.D., President.
SAMUEL WHITE THAYER, JR., M.D., Burlington, Prof. of General and Special Anatomy.

WALTER CARPENTER, M.D., Burlington, Prof. of the Theory and Practice of Medicine and Materia Medica.

DAVID S. CONANT, M.D., New York, Professor of the Principles and Practice of Surgery.

JOSEPH PERKINS, M.D., Castleton, Prof. of Obstetrics and Diseases of Women and Children.

STEPHEN ROGERS, M.D., Lecturer on Physiology and Pathology.

HENRY M. SELLY, M.D., South Orono, N.Y., Prof. of Chemistry and Toxicology.

EDWARD B. NIMS, A.B., Demonstrator of Anatomy.

S. W. THAYER, JR., Burlington,
Dean of Medical Faculty.

Conditions of Membership.

At the commencement of the Session, every student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

Fees.—Matriculation, \$3.00; Dean's Certificate (entitling the holder to the Tickets of each Professor), \$50.00; Graduation, \$18.00.

Students who have attended two full courses in other regular Medical institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10.00. Graduates of this and other regular Medical Schools are invited to attend the Lectures, free of charge.

Fluid Medicinal Extracts, &c.—Wm.

R. PRINCE, Flushing, Long Island, N. Y., will supply Fluid and Solid Extracts of the most important medicinal plants of American and Foreign origin. Also dried preparations of their roots, foliage, or flowers. A catalogue with their therapeutic characters will be sent to applicants.

Send stamp.

BOWDOIN COLLEGE.

MEDICAL DEPARTMENT.

The 44th Annual Course of Lectures in the MEDICAL SCHOOL OF MAINE, at Bowdoin College, will commence February 26th, and continue sixteen weeks. Circulars containing full information can be had on application to the Secretary, at Williamstown, Mass., or to B. S. Conant, M.D., 27 East 24th street, New York.

P. A. CHADBOUENE, M.D.,
Secretary.

Brunswick, October 9, 1863.

GEORGE TIEMANN & CO.
Manufacturers of Surgical Instruments,
 No. 63 CHATHAM STREET, NEW YORK.
 OTTO & REYNOLDERS,
 Manufacturers and Importers of
**Surgical, Orthopedical, and Dental
 Instruments, Trusses, etc.,**
58 Chatham Street, New York.

The various Splints for Morbus Coxarius, Abdominal Supporters, Shoulder-braces, Stockings for Varicose Veins, Electric Machines, Ear-Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Skeletons, Fine Cutlery, etc.

Artificial Legs and

Arms. Selpho's Patent. The best substitutes for lost limbs the world of science has ever invented. (Established 24 years.) Can be had only of



Send for pamphlet.

N.B.—A Silver Medal just awarded at the late Fair of the American Institute for the best Artificial Limbs.

WM. SELPHO,
 Patentee and Inventor,
 516 Broadway, N. Y.

DISEASES OF THE THROAT.

DR. ELSBERG,

LECTURER ON THE LARYNGOSCOPE AND DISEASES OF THE
 LARYNX AND THROAT IN THE UNIVERSITY OF
 NEW YORK,

Devotes himself specially to the Treatment of Diseases of

THE LARYNX

and Neighboring Organs.

OFFICE HOURS FROM 4 TO 6 P.M.

153 West 15th Street.

The "Elixir of Calisaya Bark"—

was introduced to the notice of the Faculty in 1830, by J. Milhaud, the sole Inventor. None of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have referred solely to the original article made by J. MILHAUD & SON.

Also, the CHALYBEATE ELIXIR OF CALISAYA BARK (copyrighted), being the above preparation with the addition of two grains of the celebrated Pyrophosphate of Iron to each wineglassful.

Sole agency for FRENCH ARTIFICIAL EYES from the leading Paris manufacturer. Single eyes to order. Sets of 120 for oculists.

J. MILHAUD & SON,
 Druggists and Pharmacutists, 183 Broadway, N. Y., near Cortlandt st
 Either agents for or importers of all the French medicines and fine preparations in vogue.

Queru's Cod Liver Oil Jelly.—This

Jelly has been approved by the N. Y. Academy of Medicine, and offers the following advantages over the liquid oil:—

1. It can be swallowed without imparting any oil to the palate.
2. It is digested by the most delicate stomachs, even by those which reject the oil.
3. It will never operate as a cathartic.
4. Being entirely digested, the dose is only one tablespoonful; it contains 85 per cent. of oil, as I proved by operating before a committee appointed ad hoc by the Academy of Medicine. For sale by every druggist.

Wholesale at the Office,
 86 Platt Street, N. Y.

Reliable Gelatine Capsules of Balsam

of Copaiba, containing each 10 grains of Pure Balsam.

ALSO

RELIABLE CAPSULES OF BALSAM OF COPAIBA AND OIL OF CUBEBS, containing each 9 grains of Copaiba and 1 grain of Oil of Cubebs.

One grain of Oil of Cubebs represents 13 grains of cubebs.

Prepared by E. QUERU,
 Chemist and Pharmacist.

I beg leave to offer to the profession the above capsules as perfectly reliable, and made of the best and carefully selected substances, and would respectfully request physicians to compare these capsules with any in the market.

J. L. M. QUERU,
 86 Platt Street.

WADE & FORD,
Instrument Makers to the
NEW YORK, BELLEVUE, AND CITY HOSPITALS,
 Manufacture and Import all kinds of
SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES,
SYRINGES, ETC.,
 85 Fulton street, New York.

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES K. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE'S Improved outdoor Splint for MORBUS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES K. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.

PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

Agents for Jewett's Artificial Limbs, which are superior to all others.

Sole Agents for "Feminine Irritation Instrument." Price \$3.00.

CHRISTMAS AND NEW YEAR'S!



The CRAIG MICROSCOPE, with mounted objects, constitutes a beautiful and appropriate HOLIDAY GIFT to old or young; combining instruction with amusement; magnifying about 100 diameters or 10,000 times, being the power most frequently required for practical purposes, and yet so simple that a child can use it. It is mailed, prepaid, for \$2.25; with 6 beautiful mounted objects, \$3; with 24 objects, \$5. Liberal discount to dealers.

Address,

HENRY CRAIG,
 335 Broadway, New York.

An Anatomical Ball and Socket—JOINTED LEG, with lateral motion at the ankle, like the natural one.

ALSO:

THE U.S. ARMY AND NAVY LEG.

The latter is furnished to soldiers by the U.S. Government, without charge, by applying to Douglas Bly, M.D., at either of the following places:—638 Broadway, N. Y., Rochester, N. Y., Cincinnati, O., or St. Louis, Mo.

A pamphlet of description and instructions sent on the receipt of a two cent postage stamp.

St. Regis Water, from Massena

SPRINGS, St. Lawrence Co., N. Y. These waters are richly impregnated with medicinal salts, possessing singular virtues as remedial agents in the treatment of the following complaints:—Cutaneous Eruptions, Rheumatism, Scrofula, Affections of the Kidneys, Hysteria and all Female Irregularities, Constipation, Piles, etc.

MCCORD & PINE,
 Proprietors,
 Massena, N. Y.

General Agency, 263 Bowery, cor. Fourth st., N. Y. city. The bottled waters may be had from all respectable Druggists.

VACCINE

Virus of all kinds, perfectly pure, and

most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single tube, 75 cts.; three, \$2; single charge of eighth-day lymph, on pointed quills, 15 cts.; fifteen points, \$1; single charge, on convex surface of section of quill, 20 cts.; ten, \$1. Crusts from \$1 to \$3 according to weight.

Address, Eastern Dispensary, 57 Essex Street, New York.

Buffalo Medical and Surgical Journal.

A MONTHLY PERIODICAL.

The Buffalo Medical and Surgical Journal is published monthly, containing reports of Medical Societies and Hospitals, Editorials, Reviews, Correspondence, Army News, etc., etc.; including the usual variety of Medical Periodical Publications. Specimen copies sent on application. Terms \$2.00 a year, in advance.

J. F. MINER, M.D.,
 Editor Buffalo Med. and Surg. Jour.,
 Buffalo, N. Y.

MESSRS. BAILLIERE BROTHERS

Beg to inform the

MEDICAL PROFESSION

And STUDENTS, that having purchased a stock of the publications of MESSRS. BLANCHARD & LEA, LIPPINCOTT & CO., LINDSAY & BLAKISTON, ETC.

They are prepared to sell all the publications of these Houses at a VERY LIBERAL DISCOUNT FOR CASH. Prices will be given on application and orders are respectfully solicited.